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COMMITTEE ON ECONOMIC, SOCIAL
AND CULTURAL RIGHTS
Twenty-second session
Geneva, 25 April -12 May 2000

PROVISIONAL AGENDA AND ANNOTATIONS

Note by the Secretary-General

1. The twenty-second session of the Committee on Economic, Social and Cultural Rights, established in accordance with Economic and Social Council resolution 1985/17, will be held at the United Nations Office at Geneva from 25 April to 12 May 2000. The first meeting will be convened on Monday, 25 April 2000, at 10.30 a.m.

2. The attached provisional agenda and annotations for the twenty-second session of the Committee have been prepared by the Secretary-General in accordance with rule 4 of the rules of procedure of the Committee.

3. The attention of the States parties is drawn, in particular, to the annotations to item 6 containing the list of reports that will be before the Committee at its twenty-second session.

PROVISIONAL AGENDA

1. Adoption of the agenda.

2. Organization of work.

3. Substantive issues arising in the implementation of the International Covenant on Economic, Social and Cultural Rights.

4. Follow-up to the consideration of reports under articles 16 and 17 of the Covenant.

5. Relations with United Nations organs and other treaty bodies.

6. Consideration of reports.

   (a) Reports submitted by States parties in accordance with articles 16 and 17 of the Covenant;

   (b) Reports submitted by specialized agencies in accordance with article 18 of the Covenant.

7. Formulation of suggestions and recommendations of a general nature based on the consideration of reports submitted by States parties to the Covenant and by the specialized agencies.

8. Submission of reports by States parties in accordance with articles 16 and 17 of the Covenant.

9. Miscellaneous matters.

ANNOTATIONS

1 Adoption of the agenda

Under rule 5 of the rules of procedure, the first item on the provisional agenda of any session shall be the adoption of the agenda, except for the election of its officers when required under rule 14. In accordance with rule 6 the Committee, during a session, may revise the agenda and may, as appropriate, add, delete or defer items.

2 Organization of work

In accordance with rule 8 of its rules of procedure, at the beginning of each session, the Committee shall consider appropriate organizational matters, including the schedule of its meetings. In this connection, the attention of the members of the Committee is drawn to the draft programme of work for the session, prepared by the Secretary-General in consultation with the Chairperson of the Committee and in accordance with established practice (E/C.12/2000/L.1).

3 Substantive issues arising in the implementation of the International Covenant on Economic, Social and Cultural Rights

The Committee decided at its fourteenth session (28 April-17 May 1996) that as from its fifteenth session its discussions relating to the implementation of the Covenant (NGO hearings, methods of work, consideration and adoption of General Comments, etc.) would be conducted under this agenda item.

4 Follow-up to the consideration of reports under articles 16 and 17 of the Covenant

At its fourteenth session, the Committee on Economic, Social and Cultural Rights, recognizing the importance of periodically reviewing the implementation by States parties of its suggestions and recommendations, requested the Secretariat to submit to it, as from the fifteenth session, a document indicating all cases where a follow-up had been suggested by the Committee. In this connection, the attention of the members of the Committee is drawn to document E/C.12/2000/3 which contains the requested information.

5 Relations with United Nations organs and other treaty bodies

The Committee decided at its sixth session to nominate individual members to follow the work of each of the other treaty bodies. Such members are to follow as closely as possible the work of the relevant committees, to liaise where possible with members of these committees and to present an oral report on developments of both a procedural and substantive nature in their work which appeared to be of specific relevance to the work of the Committee (E/1992/23, paras. 371-373).

6. Consideration of reports

(a) Reports submitted by States parties in accordance with articles 16 and 17 of the Covenant

In accordance with rule 61, paragraph 2, of its rules of procedure, the Committee shall normally consider the reports submitted by States parties under article 16 of the Covenant in the order in which they have been received by the Secretary-General. Representatives of the reporting States are entitled to be present at the meetings of the Committee when their reports are examined; such representatives should be able to make statements on the reports submitted by their Governments and reply to questions which may be put to them by the members of the Committee.

At its twenty-first session, the Committee requested the Secretary-General to schedule five reports from five States parties for consideration at its twenty-second session. The Committee also decided to review at its twenty-second session the implementation of the provisions of the Covenant in the Republic of the Congo, which has not submitted any report since the entry into force of the Covenant for that country in 1984, on the basis of any information that may be available to it.

In accordance with rule 62, paragraph 2, of the Committee's rules of procedure, the Secretary-General has informed the States parties concerned of the opening date and duration of the twenty-second session of the Committee as well as of the dates at which their respective reports will be examined and has invited them to send representatives to attend the meetings of the Committee.

As at 15 January 2000, the reports listed below had been received by the Secretary-General. The reports of the States parties which are scheduled for consideration by the Committee at its twenty-second session are identified by an asterisk. The tentative timetable for consideration of those reports, prepared by the Secretary-General in consultation with the Chairperson of the Committee, is contained in document E/C.12/2000/L.1.

Initial reports

Georgia*	E/1990/5/Add.37
Egypt*	E/1990/5/Add.38
Honduras	E/1990/5/Add.40
Sudan	E/1990/5/Add.41
Kyrgyzstan	E/1990/5/Add.42
China: Hong Kong	E/1990/5/Add.43
Bolivia	E/1990/5/Add.44
Nepal	E/1990/5/Add.45

Second periodic reports

Jordan*	E/1990/6/Add 17
Belgium	E/1990/6/Add 18
Venezuela	E/1990/6/Add 19
Morocco	E/1990/6/Add 20
Japan	E/1990/6/Add 21
Yugoslavia	E/1990/6/Add 22
Republic of Korea	E/1990/6/Add 23
Panama	E/1990/6/Add 24
Senegal	E/1990/6/Add 25

Third periodic reports

Italy*	E/1994/104/Add 19
Portugal*	E/1994/104/Add 20
Mongolia	E/1994/104/Add 21
Australia	E/1994/104/Add 22
Syrian Arab Republic	E/1994/104/Add 23

Fourth periodic reports

Finland	E/C 12/4/Add 1
Ukraine	E/C 12/4/Add 2
Germany	E/C 12/4/Add 3

(b) Reports submitted by specialized agencies in accordance with article 18 of the Covenant

In accordance with rule 67 of its rules of procedure, the Committee is entrusted with the task of considering the reports submitted by specialized agencies pursuant to article 18 of the Covenant.

In accordance with rule 68 of the rules of procedure, the representatives of the specialized agencies concerned may make statements on matters falling within the scope of the activities of their respective organization in the course of the discussion by the Committee of the report of each State party to the Covenant. The representatives of the States parties presenting reports to the Committee shall be free to respond to, or take into account, the statements made by the specialized agencies. The Secretary-General has invited the following specialized agencies, United Nations organs and financial institutions to send representatives to attend the meetings of the Committee: International Labour Organization (ILO), Food and Agriculture Organization of the United Nations (FAO), United Nations Educational, Scientific and Cultural Organization (UNESCO), World Health Organization (WHO), Office of the United Nations High Commissioner for Refugees (UNHCR), World Intellectual Property Organization (WIPO), United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Conference on Trade and Development (UNCTAD), Joint United Nations Programme on HIV/AIDS (UNAIDS), International Monetary Fund (IMF) and the World Bank.

Any report which may be received from the specialized agencies under article 18 of the Covenant will be made available to the Committee in due course.

7 Formulation of suggestions and recommendations of a general nature based on the consideration of reports submitted by States parties to the Covenant and by the specialized agencies

Pursuant to rule 64 of its rules of procedure, the Committee may wish to make suggestions and recommendations of a general nature on the basis of its consideration of reports submitted by States parties and the reports submitted by specialized agencies, in order to assist the Council to fulfil, in particular, its responsibilities under articles 21 and 22 of the Covenant. The Committee may also wish to make suggestions for consideration by the Council with reference to articles 19, 22 and 23 of the Covenant.

8 Submission of reports by States parties in accordance with articles 16 and 17 of the Covenant

In accordance with rule 59, paragraph 1, of its rules of procedure, the Committee shall at each session consider the status of submission of reports under article 16 of the Covenant and may make appropriate recommendations to the Council, including recommendations to the effect that the Secretary-General should send reminders to States parties from which reports have not been received.

The Committee will have before it under this item the following document:

A note by the Secretary-General on the States parties to the Covenant and the Status of submission of reports (E/C.12/2000/2)

9 Miscellaneous matters

At its twenty-first session (1999), the Committee decided to inscribe on its agenda a standing item "Miscellaneous matters", under which it may consider any issue falling outside the scope of other standing agenda items.

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COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS
Twenty-second session
Geneva, 25 April-12 May 2000

STATES PARTIES TO THE INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS AND STATUS OF THE SUBMISSION OF REPORTS IN ACCORDANCE WITH THE PROGRAMME ESTABLISHED BY THE ECONOMIC AND SOCIAL COUNCIL IN RESOLUTION 1988/4 AND RULE 58 OF THE RULES OF PROCEDURE OF THE COMMITTEE

Note by the Secretary-General

1. The International Covenant on Economic, Social and Cultural Rights, adopted by the General Assembly in resolution 2200 A (XXI) of 16 December 1966 entered into force on 3 January 1976, three months after the date of the deposit with the Secretary-General of the United Nations of the thirty-fifth instrument of ratification, as provided for in article 27 of the Covenant.

2. As at 15 January 2000, the Covenant had been ratified or acceded to by 143 States. A list of States parties as well as information on the status of the submission of reports by States parties, is to be found in the annex to the present document.

GE.00-40571 (E)

Annex

STATES PARTIES TO THE COVENANT AND STATUS OF SUBMISSION OF REPORTS
(as of 15 January 2000)

A Initial and second periodic reports

State party	Date of entry into force	Initial reports			Second periodic reports		
		Articles 6-9	Articles 10-12	Articles 13-15	Articles 6-9	Articles 10-12	Articles 13-15
		(Summary records of consideration of reports)					
1. Afghanistan	24 April 1983	E/1990/5/Add.8 (E/C.12/1991/SR.2, 4-6 and 8)			Overdue		
2. Albania	4 January 1992	Overdue					
3. Algeria	12 December 1989	E/1990/5/Add.22 (E/C.12/1995/SR.46, 47 and 48)			Overdue		
4. Angola	10 April 1992	Overdue					
5. Argentina	8 November 1986	E/1990/5/Add.18 (E/C.12/1994/SR.31, 32, 35, 36 and 37)		E/1988/5/Add.4 E/1988/5/Add.8 (E/C.12/1990/SR.18-20)	E/1990/6/Add.16 (E/C.12/1999/SR.33-36)		
6. Armenia	13 December 1993	E/1990/5/Add.36 (E/C.12/1999/SR.38-40)			Due on 30 June 2001		
7. Australia	10 March 1976	E/1978/8/Add.15 (E/1980/WG.1/SR.12-13)	E/1980/6/Add.22 (E/1981/WG.1/SR.18)	E/1982/3/Add.9 (E/1982/WG.1/SR.13-14	E/1984/7/Add.22 (E/1985/WG.1/SR.17, 18 and 21)	E/1986/4/Add.7 (E/1986/WG.1/SR.10, 11, 13 and 14)	E/1990/7/Add.13 (E/C.12/1993/SR.13, 15 and 20)
8. Austria	10 December 1978	E/1984/6/Add.17 (E/C.12/1988/SR.3-4)	E/1980/6/Add.19 (E/1981/WG.1/SR.8)	E/1982/3/Add.37 (E/C.12/1988/SR.3)	E/1990/6/Add.5 (E/C.12/1994/SR.39-41)	E/1986/4/Add.8 and Corr.1 (E/1986/WG.1/SR.4 and 7)	E/1990/6/Add.5 (E/C.12/1994/SR.39-41)
9. Azerbaijan	13 November 1992	E/1990/5/Add.30 (E/C.12/1997/SR.39-41)			Due on 30 June 2000		
10. Bangladesh	5 January 1999	Due on 30 June 2001					
11. Barbados	3 January 1976	E/1978/8/Add.33 (E/1982/WG.1/SR.3)	E/1980/6/Add.27 (E/1982/WG.1/SR.6-7)	E/1982/3/Add.24 (E/1983/WG.1/SR.14-15)	Overdue		
12. Belarus	3 January 1976	E/1978/8/Add.19 (E/1980/WG.1/SR.16)	E/1980/6/Add.18 (E/1981/WG.1/SR.16)	E/1982/3/Add.3 (E/1982/WG.1/SR.9-10)	E/1984/7/Add.8 (E/1984/WG.1/SR.13-15)	E/1986/4/Add.19 (E/C.12/1988/SR.10-12)	E/1990/7/Add.5 (E/C.12/1992/SR.2, 3 and 12)
13. Belgium	21 July 1983	E.1990/5/Add.15 (E/C.12/1994/SR.15-17)			E/1990/6/Add.18 (Pending consideration)		
14. Benin	12 June 1992	Overdue					
15. Bolivia	12 November 1982	E/1990/5/Add.44 (Pending consideration)					

Annex (continued)

State party	Date of entry into force	Initial reports			Second periodic reports		
		Articles 6-9	Articles 10-12	Articles 13-15	Articles 6-9	Articles 10-12	Articles 13-15
		(Summary records of consideration of reports)					
16. Bosnia and Herzegovina	6 March 1993	Overdue					
17. Brazil	24 April 1992	Overdue					
18. Bulgaria	3 January 1976	E/1978/8/Add.24 (E/1980/WG.1/ SR.12)	E/1980/6/Add.29 (E/1982/WG.1/ SR.8)	E/1982/3/Add.23 (E/1983/WG.1/ SR.11-13)	E/1984/7/Add.18 (E/1985/WG.1/ SR.9 and 11)	E/1986/4/Add.20 (E/C.12/1988/ SR.17-19)	
19. Burkina Faso	4 April 1999	Due on 30 June 2001					
20. Burundi	9 August 1990	Overdue					
21. Cambodia	26 August 1992	Overdue					
22. Cameroon	27 September 1984	E/1990/5/Add.35 (E/C.12/1999/ SR.41-43)	E/1986/3/Add.8 (E/C.12/1989/ SR.6-7)	E/1990/5/Add.35 E/C.12/1999/ SR.41-43)			
23. Canada	19 August 1976	E/1978/8/Add.32 (E/1982/WG.1/ SR.1-2)	E/1980/6/Add.32 (E/1984/WG.1/ SR.4 and 6)	E/1982/3/Add.34 (E/1986/WG.1/ SR.13, 15 and 16)	E/1984/7/Add.28 (E/C.12/1989/ SR.8 and 11)	E/1990/6/Add.3 (E/C.12/1993/SR.6, 7 and 18)	
24. Cape Verde	6 November 1993	Overdue					
25. Central African Republic	8 August 1981	Overdue					
26. Chad	9 September 1995	Overdue					
27. Chile	3 January 1976	E/1978/8/Add.10 and 28 (E/1980/WG.1/ SR.8-9)	E/1980/6/Add.4 (E/1981/WG.1/ SR.7)	E/1982/3/Add.40 (E/C.12/1988/ SR.12-13 and 16)	E/1984/7/Add.1 (E/1984/WG.1/ SR.11-12)	E/1986/4/Add.18 (E/C.12/1988/ SR.12-13 and 16)	Overdue
28. Colombia	3 January 1976	E/1978/8/Add.17 (E/1980/WG.1/ SR.15)	E/1986/3/Add.3 (E/1986/WG.1/ SR.6 and 9)	E/1982/3/Add.36 (E/1986/WG.1/ SR.15, 21 and 22)	E/1984/7/Add.21/ Rev.1 (E/1986/WG.1/ SR.22 and 25)	E/1986/4/Add.25 (E/C.12/1990/ SR.12-14 and 17)	E/1990/7/Add.4 (E/C.12/1991/ SR.17, 18 and 25)
29. Congo	5 January 1984	Overdue					
30. Costa Rica	3 January 1976	E/1990/5/Add.3 (E/C.12/1990/SR.38, 40, 41 and 43)			Overdue		
31. Côte d'Ivoire	26 June 1992	Overdue					

Annex (continued)

State party	Date of entry into force	Initial reports			Second periodic reports		
		Articles 6-9	Articles 10-12	Articles 13-15	Articles 6-9	Articles 10-12	Articles 13-15
		(Summary records of consideration of reports)					
32. Croatia	8 October 1991	Ovedue					
33. Cyprus	3 January 1976	E/1978/8/Add.21 (E/1980/WG.1/ SR.17)	E/1980/6/Add.3 (E/1981/WG.1/ SR.6)	E/1982/3/Add.19 (E/1983/WG.1/ SR.7-8)	E/1984/7/Add.13 (E/1984/WG.1/ SR.18 and 22)	E/1986/4/Add.2 and 26 (E/C.12/1990/ SR.2, 3 and 5)	
34. Czech Republic	1 January 1993	Overdue					
35. Democratic People's Republic of Korea	14 December 1981	E/1984/6/Add.7 (E/C.12/1987/ SR.21-22)	E/1986/3/Add.5 (E/C.12/1987/ SR.21-22)	E/1988/5/Add.6 (E/C.12/1991/ SR.6, 8 and 10)	Overdue		
36. Democratic Republic of the Congo	1 February 1977	E/1984/6/Add.18	E/1986/3/Add.7	E/1982/3/Add.41 (E/C.12/1988/SR.16-19)	Overdue		
37. Denmark	3 January 1976	E/1978/8/Add.13 (E/1980/WG.1/ SR.10)	E/1980/6/Add.15 (E/1981/WG.1/ SR.12)	E/1982/3/Add.20 (E/1983/WG.1/ SR.8-9)	E/1984/7/Add.11 (E/1984/WG.1/ SR.17 and 21)	E/1986/4/Add.16 (E/C.12/1988/ SR.8-9)	
38. Dominica	17 September 1993	Overdue					
39. Dominican Republic	4 April 1978	E/1990/5/Add.4 (E/C.12/1990/SR.43-45 and 47)			E/1990/6/Add.7 (E/C.12/1996/SR.29 and 30) (E/C.12/1997/SR.29-31)		
40. Ecuador	3 January 1976	E/1978/8/Add.1 (E/1980/WG.1/ SR.4-5)	E/1986/3/Add.14 (E/C.12/1990/SR.37-39 and 42)	E/1988/5/Add.7	E/1984/7/Add.12 (E/1984/WG.1/ SR.20 and 22)	Overdue	
41. Egypt	14 April 1982	E/1990/5/Add.38 (Pending consideration)					
42. El Salvador	29 February 1980	E/1990/5/Add.25 (E/C.12/1996/SR.15, 16 and 18)			Overdue		
43. Equatorial Guinea	25 December 1987	Overdue					
44. Eritrea	20 April 1999	Due on 30 June 2001					
45. Estonia	21 January 1992	Overdue					
46. Ethiopia	11 September 1993	Overdue					
47. Finland	3 January 1976	E/1978/8/Add.14 (E/1980/WG.1/ SR.6)	E/1980/6/Add.11 (E/1981/WG.1/ SR.10)	E/1982/3/Add.28 (E/1984/WG.1/ SR.7-8)	E/1984/7/Add.14 (E/1984/WG.1/ SR.17-18)	E/1986/4/Add.4 (E/1986/WG.1/ SR.8-9 and 11)	E/1990/7/Add.1 (E/C.12/1991/ SR.11, 12 and 16)
48. France	4 February 1981	E/1984/6/Add.11 (E/1986/WG.1/ SR.18-19 and 21)	E/1986/3/Add.10 (E/C.12/1989/ SR.12-13)	E/1982/3/Add.30 and Corr.1 (E/1985/WG.1/ SR.5 and 7)	Overdue		
49. Gabon	21 April 1983	Overdue					

Annex (continued)

State party	Date of entry into force	Initial reports			Second periodic reports		
		Articles 6-9	Articles 10-12	Articles 13-15	Articles 6-9	Articles 10-12	Articles 13-15
		(Summary records of consideration of reports)					
50. Gambia	29 March 1979	Overdue					
51. Georgia	3 August 1994	E/1990/5/Add.37 (Pending consideration)					
52. Germany	3 January 1976	E/1978/8/Add.8 and Corr.1 (E/1980/WG.1/ SR.8) E/1978/8/Add.11 (E/1980/WG.1/ SR.10)	E/1980/6/Add.6 (E/1981/WG.1/ SR.8) E/1980/6/Add.10 (E/1981/WG.1/ SR.10)	E/1982/3/Add.15 and Corr.1 (E/1983/WG.1/ SR.5-6) E/1982/3/Add.14 (E/1982/WG.1/ SR.17-18)	E/1984/7/Add.3 and 23 (E/1985/WG.1/ SR.12 and 16) E/1984/7/Add.24 and Corr.1 (E/1986/WG.1/ SR.22-23 and 25)	E/1986/4/Add.11 (E/C.12/1987/ SR.11, 12 and 14) E/1986/4/Add.10 (E/C.12/1987/ SR.19-20)	E/1990/7/Add.12 (E/C.12/1993/ SR.35, 36 and 46)
53. Greece	16 August 1985	Overdue					
54. Grenada	6 December 1991	Overdue					
55. Guatemala	19 August 1988	E/1990/5/Add.24 (E/C.12/1996/SR.11-14)			Overdue		
56. Guinea	24 April 1978	Overdue					
57. Guinea-Bissau	2 October 1992	Overdue					
58. Guyana	15 May 1977	E/1990/5/Add.27 (Pending consideration)		E/1982/3/Add.5, 29 and 32 (E/1984/WG.1/ SR.20 and 22 and E/1985/WG.1/ SR.6)			
59. Honduras	17 May 1981	E/1990/5/Add.40 (Pending consideration)					
60. Hungary	3 January 1976	E/1978/8/Add.7 (E/1980/WG.1/ SR.7)	E/1980/6/Add.37 (E/1986/WG.1/ SR.6-7 and 9)	E/1982/3/Add.10 (E/1982/WG.1/ SR.14)	E/1984/7/Add.15 (E/1984/WG.1/ SR.19 and 21)	E/1986/4/Add.1 (E/1986/WG.1/ SR.6-7 and 9)	E/1990/7/Add.10 (E/C.12/1992/ SR.9, 12 and 21)
61. Iceland	22 November 1979	E/1990/5/Add.6 (E/C.12/1993/SR.29, 30, 31 and 46) E/1990/5/Add.14			E/1990/6/Add.15 (E/C.12/1999/SR.3-5)		
62. India	10 July 1979	E/1984/6/Add.13 (E/1986/WG.1/ SR.20 and 24)	E/1980/6/Add.34 (E/1984/WG.1/ SR.6 and 8)	E/1988/5/Add.5 (E/C.12/1990/ SR.16-17 and 19)	Overdue		

Annex (continued)

State party	Date of entry into force	Initial reports			Second periodic reports		
		Articles 6-9	Articles 10-12	Articles 13-15	Articles 6-9	Articles 10-12	Articles 13-15
		(Summary records of consideration of reports)					
63. Iran (Islamic Republic of)	3 January 1976	E/1990/5/Add.9 (E/C.12/1993/SR.7-9 and 20)		E/1982/3/Add.43 (E/C.12/1990/ SR.42, 43 and 45)	Overdue		
64. Iraq	3 January 1976	E/1984/6/Add.3 and 8 (E/1985/WG.1/ SR.8 and 11)	E/1980/6/Add.14 (E/1981/WG.1/ SR.12)	E/1982/3/Add.26 (E/1985/WG.1/ SR.3-4)		E/1986/4/Add.3 (E/1986/WG.1/ SR.8 and 11)	E/1990/7/Add.15 (E/C.12/1994/ SR.11 and 14)
65. Ireland	8 March 1990	E/1990/5/Add.34 (E/C.12/1999/SR.14-16)			Overdue		
66. Israel	3 January 1992	E/1990/5/Add.39 (E/C.12/1998/SR.31-33)			Overdue		
67. Italy	15 December 1978	E/1978/8/Add.34 (E/1982/WG.1/ SR.3-4)	E/1980/6/Add.31 and 36 (E/1984/WG.1/ SR.3 and 5)		E/1990/6/Add.2 (E/C.12/1992/SR.13, 14 and 21)		
68. Jamaica	3 January 1976	E/1978/8/Add.27 (E/1980/WG.1/ SR.20)	E/1986/3/Add.12 (E/C.12/1990/ SR.10-12 and 15)	E/1988/5/Add.3 (E/C.12/1990/ SR.10-12 and15)	E/1984/7/Add.30 (E/C.12/1990/ SR.10-12 and 15)	Overdue	
69. Japan	21 September 1979	E/1984/6/Add.6 and Corr.1 (E/1984/WG.1/ SR.9-10)	E/1986/3/Add.4 and Corr.1 (E/1986/WG.1/ SR.20-21 and 23)	E/1982/3/Add.7 (E/1982/WG.1 SR.12-13)	E/1990/6/Add.21 (Pending consideration)		
70. Jordan	3 January 1976	E/1984/6/Add.15 (E/C.12/1987/ SR.6-8)	E/1986/3/Add.6 (E/C.12/1987/ SR.8)	E/1982/3/Add.38/ Rev.1 (E/C.12/1990/ SR.30-32	E/1990/6/Add.17 (Pending consideration)		
71. Kenya	3 January 1976	E/1990/5/Add.18			Overdue		
72. Kuwait	31 August 1996	Overdue					
73. Kyrgyzstan	7 January 1995	E/1990/5/Add.42 (Pending consideration)					
74. Latvia	14 July 1992	Overdue					
75. Lebanon	3 January 1976	E/1990/5/Add.16 (E/C.12/1993/SR.14, 16 and 21)			Overdue		
76. Lesotho	9 December 1992	Overdue					
77. Libyan Arab Jamahiriya	3 January 1976	E/1990/5/Add.26 (E/C.12/1997/SR.20-21)		E/1982/3/Add.6 and 25 (E/1983/WG.1/ SR.16-17)	Overdue		
78. Liechtenstein	10 March 1999	Due on 30 June 2001					
79. Lithuania	20 February 1992	Overdue					
80. Luxembourg	18 November 1983	E/1990/5/Add.1 (E/C.12/1990/SR.33-36)			E/1990/6/Add.9 (E/C.12/1997/SR.48 and 49)		

Annex (continued)

State party	Date of entry into force	Initial reports			Second periodic reports		
		Articles 6-9	Articles 10-12	Articles 13-15	Articles 6-9	Articles 10-12	Articles 13-15
		(Summary records of consideration of reports)					
81. Madagascar	3 January 1976	E/1978/8/Add.29 (E/1981/WG.1/ SR.2)	E/1980/6/Add.39 (E/1986/WG.1/ SR.2-3 and 5)	Overdue	E/1984/7/Add.19 (E/1985/WG.1/ SR.14 and 18)	Overdue	Overdue
82. Malawi	22 March 1994	Overdue					
83. Mali	3 January 1976	Overdue					
84. Malta	13 December 1990	Overdue					
85. Mauritius	3 January 1976	E/1990/5/Add.21 (E/C.12/1995/SR.40, 41 and 43)			Overdue		
86. Mexico	23 June 1981	E/1984/6/Add.2 and 10 (E/1986/WG.1/ SR.24, 26 and 28)	E/1986/3/Add.13 (E/C.12/1990/ SR.6, 7 and 9)	E/1982/3/Add.8 (E/1982/WG.1/ SR.14-15)	E/1990/6/Add.4 (E/C.12/1993/SR.32-35 and 49)		
87. Moldova	26 March 1993	Overdue					
88. Monaco	28 November 1997	Overdue					
89. Mongolia	3 January 1976	E/1978/8/Add.6 (E/1980/WG.1/ SR.7)	E/1980/6/Add.7 (E/1981/WG.1/ SR.8-9)	E/1982/3/Add.11 (E/1982/WG.1/ SR.15-16)	E/1984/7/Add.6 (E/1984/WG.1/ SR.16 and 18)	E/1986/4/Add.9 (E/C.12/1988/ SR.5 and 7)	
90. Morocco	3 August 1979	E/1990/5/Add.13 (E/C.12/1994/SR.8-10)			E/1990/6/Add.20 (Pending consideration)		
91. Namibia	28 February 1995	Overdue					
92. Nepal	14 August 1991	E/1990/5/Add.45 (Pending consideration)					
93. Netherlands	11 March 1979	E/1984/6/Add.14 and 20 (E/C.12/1987/ SR.5-6) (E/C.12/1989/ SR.14-15)	E/1980/6/Add.33 (E/1984/WG.1/ SR.4-6 and 8)	E/1982/3/Add.35 and 44 (E/1986/WG.1/ SR.14 and 18) (E/C.12/1989/ SR.14-15)	E/1990/6/Add.11 E/1990/6/Add.12 (E/C.12/1998/ SR.13-17)	E/1986/4/Add.24 (E/C.12/1989/ SR.14-15)	E/1990/6/Add.13 (E/C.12/1998/ SR.13-17)
94. New Zealand	28 March 1979	E/1990/5/Add.5, E/1990/5/Add.11 and E/1990/5/Add.12 (E/C.12/1993/SR.24, 25, 26 and 40)			Overdue		
95. Nicaragua	12 June 1980	E/1984/6/Add.9 (E/1986/WG.1/ SR.16-17 and 19)	E/1986/3/Add.15 (E/C.12/1993/ SR.27, 28 and 46)	E/1982/3/Add.31 and Corr.1 (E/1985/WG.1/ SR.15)	Overdue		
96. Niger	7 June 1986	Overdue					

Annex (continued)

State party	Date of entry into force	Initial reports			Second periodic reports		
		Articles 6-9	Articles 10-12	Articles 13-15	Articles 6-9	Articles 10-12	Articles 13-15
		(Summary records of consideration of reports)					
97. Nigeria	29 October 1993	E/1990/5/Add.31 (E/C.12/1998/SR.6-9)			Due on 30 June 2000		
98. Norway	3 January 1976	E/1978/8/Add.12 (E/1980/WG.1/ SR.5)	E/1980/6/Add.5 (E/1981/WG.1/ SR.14)	E/1982/3/Add.12 (E/1982/WG.1/ SR.16)	E/1984/7/Add.16 (E/1984/WG.1/ SR.19 and 22)	E/1986/4/Add.21 (E/C.12/1988/ SR.14-15)	E/1990/7/Add.7 (E/C.12/1992/ SR.4, 5 and 12)
99. Panama	8 June 1977	E/1984/6/Add.19 (E/C.12/1991/ SR.3, 5 and 8)	E/1980/6/Add.20 and 23 (E/1982/WG.1/ SR.5)	E/1988/5/Add.9 (E/C.12/1991/ SR.3, 5 and 8)	E/1990/6/Add.24 (Pending consideration)	E/1986/4/Add.22 (E/C.12/1991/ SR.3, 5 and 8)	E/1990/6/Add.24 (Pending consideration)
100. Paraguay	10 September 1992	E/1990/5/Add.23 (E/C.12/1996/SR.1, 2 and 4)			Overdue		
101. Peru	28 July 1978	E/1984/6/Add.5 (E/1984/WG.1/ SR.11 and 18)	E/1990/5/Add.29 (E/C.12/1997/SR.15-17)		Overdue		
102. Philippines	3 January 1976	E/1978/8/Add.4 (E/1980/WG.1/ SR.11)	E/1986/3/Add.17 (E/C.12/1995/ SR.11, 12 and 14)	E/1988/5/Add.2 (E/C.12/1990/ SR.8-9 and 11)	E/1984/7/Add.4 (E/1984/WG.1/ SR.15 and 20)	Overdue	
103. Poland	18 June 1977	E/1978/8/Add.23 (E/1980/WG.1/ SR.18-19)	E/1980/6/Add.12 (E/1981/WG.1/ SR.11)	E/1982/3/Add.21 (E/1983/WG.1/ SR.9-10)	E/1984/7/Add.26 and 27 (E/1986/WG.1/ SR.25-27)	E/1986/4/Add.12 (E/C.12/1989/ SR.5-6)	E/1990/7/Add.9 (E/C.12/1992/ SR.6, 7 and 15)
104. Portugal	31 October 1978		E/1980/6/Add.35/ Rev.1 (E/1985/WG.1/ SR.2 and 4)	E/1982/3/Add.27/ Rev.1 (E/1985/WG.1/ SR.6 and 9)	E/1990/6/Add.6 (E/C.12/1995/SR.7, 8 and 10) E/1990/6/Add.8 (Macoa) (E/C.12/1996/SR.31-33)		
105. Republic of Korea	10 July 1990	E/1990/5/Add.19 (E/C.12/1995/SR.3, 4 and 6)			E/1990/6/Add.23 (Pending consideration)		
106. Romania	3 January 1976	E/1978/8/Add.20 (E/1980/WG.1/ SR.16-17)	E/1980/6/Add.1 (E/1981/WG.1/ SR.5)	E/1982/3/Add.13 (E/1982/WG.1/ SR.17-18)	E/1984/7/Add.17 (E/1985/WG.1/ SR.10 and 13)	E/1986/4/Add.17 (E/C.12/1988/ SR.6)	E/1990/7Add.14 (E/C.12/1994/ SR.5, 7 and 13)
107. Russian Federation	3 January 1976	E/1978/8/Add.16 (E/1980/WG.1/ SR.14)	E/1980/6/Add.17 (E/1981/WG.1/ SR.14-15)	E/1982/3/Add.1 (E/1982/WG.1/ SR.11-12)	E/1984/7/Add.7 (E/1984/WG.1/ SR.9-10)	E/1986/4/Add.14 (E/C.12/1987/ SR.16-18)	E/1990/7/Add.8 (withdrawn)
108. Rwanda	3 January 1976	E/1984/6/Add.4 (E/1984/WG.1/ SR.10 and 12)	E/1986/3/Add.1 (E/1986/WG.1/ SR.16 and 19)	E/1982/3/Add.42 (E/C.12/1989/ SR.10-12)	E/1984/7/Add.29 (E/C.12/1989/ SR.10-12)	Overdue	Overdue
109. Saint Vincent and the Grenadines	9 February 1982	Overdue					
110. San Marino	18 January 1986	Overdue					

Annex (continued)

State party	Date of entry into force	Initial reports			Second periodic reports		
		Articles 6-9	Articles 10-12	Articles 13-15	Articles 6-9	Articles 10-12	Articles 13-15
		(Summary records of consideration of reports)					
111. Senegal	13 May 1978	E/1984/6/Add.22 (E/C.12/1993/ SR.37, 38 and 49)	E/1980/6/Add.13/ Rev.1 (E/1981/WG.1/ SR.11)	E/1982/3/Add.17 (E/1983/WG.1/ SR.14-16)	E/1990/6/Add.25 (Pending consideration)		
112. Seychelles	5 August 1982	Overdue					
113. Sierra Leone	23 November 1996	Overdue					
114. Slovakia	28 May 1993	Overdue					
115. Slovenia	6 July 1992	Overdue					
116. Solomon Islands	17 March 1982	Overdue					
117. Somalia	24 April 1990	Overdue					
118. Spain	27 July 1977	E/1978/8/Add.26 (E/1980/WG.1/ SR.20)	E/1980/6/Add.28 (E/1982/WG.1/ SR.7)	E/1982/3/Add.22 (E/1983/WG.1/ SR.10-11)	E/1984/7/Add.2 (E/1984/WG.1/ SR.12 and 14)	E/1986/4/Add.6 (E/1986/WG.1/ SR.10 and 13)	E/1990/7/Add.3 (E/C.12/1991/ SR.13, 14 16 and 22)
119. Sri Lanka	11 September 1980	E/1990/5/Add.32 (E/C.12/1998/SR.3-5)					
120. Sudan	18 June 1986	E/1990/5/Add.41 (Pending consideration)					
121. Suriname	28 March 1977	E/1990/5/Add.20 (E/C.12/1995/SR.13, 15 and 16)			Overdue		
122. Sweden	3 January 1976	E/1978/8/Add.5 (E/1980/WG.1/ SR.15)	E/1980/6/Add.8 (E/1981/WG.1/ SR.9)	E/1982/3/Add.2 (E/1982/WG.1/ SR.19-20)	E/1984/7/Add.5 (E/1984/WG.1/ SR.14 and 16)	E/1986/4/Add.13 (E/C.12/1988/ SR.10-11)	E/1990/7/Add.2 (E/C.12/1991/ SR.11-13 and 18)
123. Switzerland	18 September 1992	E/1990/5/Add.33 (E/C.12/1998/SR.37-39)			Overdue		
124. Syrian Arab Republic	3 January 1976	E/1978/8/Add.25 and 31 (E/1983/WG.1/ SR.2)	E/1980/6/Add.9 (E/1981/WG.1/ SR.4)		E/1990/6/Add.1 (E/C.12/1991/SR.7, 9 and 11)		
125. Tajikistan	4 April 1999	Due on 30 June 2001					
126. Thailand	5 December 1999	Due on 30 June 2002					
127. The former Yugoslav Republic of Macedonia	17 September 1991	Overdue					

Annex (continued)

State party	Date of entry into force	Initial reports			Second periodic reports		
		Articles 6-9	Articles 10-12	Articles 13-15	Articles 6-9	Articles 10-12	Articles 13-15
		(Summary records of consideration of reports)					
128. Togo	24 August 1984	Overdue					
129. Trinidad and Tobago	8 March 1979	E/1984/6/Add.21	E/1986/3/Add.11 (E/C.12/1989/SR.17-19)	E/1988/5/Add.1	Overdue		
130. Tunisia	3 January 1976	E/1978/8/Add.3 (E/1980/WG.1/SR.5-6)	E/1986/3/Add.9 (E/C.12/1989/SR.9)		E/1990/6/Add.14 (E/C.12/1999/SR.17-19)		
131. Turkmenistan	1 August 1997	Overdue					
132. Uganda	21 April 1987	Overdue					
133. Ukraine	3 January 1976	E/1978/8/Add.22 (E/1980/WG.1/SR.18)	E/1980/6/Add.24 (E/1982/WG.1/SR.5-6)	E/1982/3/Add.4 (E/1982/WG.1/SR.11-12)	E/1984/7/Add.9 (E/1984/WG.1/SR.13-15)	E/1986/4/Add.5 (E/C.12/1987/SR.9-11)	E/1990/7/Add.11 (withdrawn)
134. United Kingdom of Great Britain and Northern Ireland	20 August 1976	E/1978/8/Add.9 and 30 (E/1980/WG.1/SR.19 and E/1982/WG.1/SR.1)	E/1980/6/Add.16 and Corr.1, Add.25 and Corr.1 and Add.26 (E/1981/WG.1/SR.16-17)	E/1982/3/Add.16 (E/1982/WG.1/SR.19-21)	E/1984/7/Add.20 (E/1985/WG.1 SR.14 and 17)	E/1986/4/Add.23 (E/C.12/1989/SR.16-17) E/1986/4/Add.27 E/1986/4/28 (E/C.12/1994/SR.33-37)	E/1990/7/Add.16 (E/C.12/1994/SR.33-37)
135. United Republic of Tanzania	11 September 1976	Overdue	E/1980/6/Add.2 (E/1981/WG.1/SR.5)	Overdue			
136. Uruguay	3 January 1976	E/1990/5/Add.7 (E/C.12/1994/SR.3, 4, 6 and 13)			E/1990/6/Add.10 (E/C.12/1997/SR.42-44)		
137. Uzbekistan	28 December 1995	Overdue					
138. Venezuela	10 August 1978	E/1984/6/Add.1 (E/1984/WG.1/SR.7, 8 and 10)	E/1980/6/Add.38 (E/1986/WG.1/SR.2 and 5)	E/1982/3/Add.33 (E/1986/WG.1/SR.12, 17 and 18)	E/1990/6/Add.10 (Pending consideration)		
139. Viet Nam	24 December 1982	E/1990/5/Add.10 (E/C.12/1993/SR.9-11 and 19)			Overdue		
140. Yemen	9 May 1987	Overdue					
141. Yugoslavia	3 January 1976	E/1978/8/Add.35 (E/1982/WG.1/SR.4 and 5)	E/1980/6/Add.30 (E/1983/WG.1/SR.3)	E/1982/3/Add.39 (E/C.12/1988/SR.14-15)	E/1984/7/Add.10 (E/1984/WG.1/SR.16 and 18)	E/1990/6/Add.22 (Pending consideration)	
142. Zambia	10 July 1984	Overdue	E/1986/3/Add.2 (E/1986/WG.1/SR.4, 5 and 7)	Overdue			
143. Zimbabwe	13 August 1991	E/1990/5/Add.28 (E/C.12/1997/SR.8-10 and 14)			Overdue		

Annex (continued)

STATES PARTIES TO THE COVENANT AND STATUS OF SUBMISSION OF REPORTS
(as of 15 January 2000)

B. Third and fourth periodic reports

State party	Date of entry into force	Third periodic reports	Fourth periodic reports
1. Afghanistan	24 April 1983		
2. Albania	4 January 1992		
3. Algeria	12 December 1989		
4. Angola	10 April 1992		
5. Argentina	8 November 1986		
6. Armenia	13 December 1993		
7. Australia	10 March 1976	E/1994/104/Add.22. Received 15 June 1998	
8. Austria	10 December 1978	Was due 30 June 1997	
9. Azerbaijan	13 November 1992		
10. Bangladesh	5 January 1999		
11. Barbados	3 January 1976		
12. Belarus	3 January 1976	E/1994/104/Add.6 (E/C.12/1996/SR.34-36)	Was due 30 June 1999
13. Belgium	21 July 1983		
14. Benin	12 June 1992		
15. Bolivia	12 November 1982		
16. Bosnia and Herzegovina	6 March 1993		
17. Brazil	24 April 1992		
18. Bulgaria	3 January 1976	E/1994/104/Add.16 (E/C.12/1999/SR.30-32)	Due 30 June 2001
19. Burkina Faso	4 April 1999		
20. Burundi	9 August 1990		
21. Cambodia	26 August 1992		
22. Cameroon	27 September 1984		
23. Canada	19 August 1976	E/1994/104/Add.17 (E/C.12/1998/SR.46-48)	Due 30 June 2000
24. Cape Verde	6 November 1993		
25. Central African Republic	8 August 1981		

Annex (continued)

State party	Date of entry into force	Third periodic reports	Fourth periodic reports
26. Chad	9 September 1995		
27. Chile	3 January 1976	Was due 30 June 1994	
28. Colombia	3 January 1976	E/1994/104/Add.2 (E/C.12/1995/SR.32-35)	Was due 30 June 1999
29. Congo	5 January 1984		
30. Costa Rica	3 January 1976		
31. Côte d'Ivoire	26 June 1992		
32. Croatia	8 October 1991		
33. Cyprus	3 January 1976	E/1994/104/Add.12 (E/C.12/1998/SR.34-36)	Was due 30 June 1999
34. Czech Republic	1 January 1993		
35. Democratic People's Republic of Korea	14 December 1981		
36. Democratic Republic of the Congo	1 February 1977		
37. Denmark*	3 January 1976	E/1994/104/Add.15 (E/C.12/1999/SR.11-13)	Was due 30 June 1999
38. Dominica	17 September 1993		
39. Dominican Republic	4 April 1978	Was due 30 June 1999	
40. Ecuador	3 January 1976		
41. Egypt	14 April 1982		
42. El Salvador	29 February 1980		
43. Equatorial Guinea	25 December 1987		
44. Eritrea	20 April 1999		
45. Estonia	21 January 1992		
46. Ethiopia	11 September 1993		
47. Finland	3 January 1976	E/1994/104/Add.7 (E/C.12/1996/SR.37-40)	E/C.12/4/Add.1. Received 22 July 1999
48. France	4 February 1981		
49. Gabon	21 April 1983		
50. Gambia	29 March 1979		
51. Georgia	3 August 1994		
52. Germany	3 January 1976	E/1994/104/Add.14 (E/C.12/1998/SR.40-42)	E/C.12/4/Add.3. Received 17 January 2000
53. Greece	16 August 1985		
54. Grenada	6 December 1991		
55. Guatemala	19 August 1988		
56. Guinea	24 April 1978		
57. Guinea-Bissau	2 October 1992		
58. Guyana	15 May 1977		

Annex (continued)

State party	Date of entry into force	Third periodic reports	Fourth periodic reports
59. Honduras	17 May 1981		
60. Hungary	3 January 1976	Was due 30 June 1994	
61. Iceland	22 November 1979		
62. India	10 July 1979		
63. Iran (Islamic Republic of)	3 January 1976		
64. Iraq	3 January 1976	E/1994/104/Add.9 (E/C.12/1997/SR.33-35)	Due 30 June 2000
65. Ireland	8 March 1990		
66. Israel	3 January 1992		
67. Italy	15 December 1978	E/1994/104/Add.19. Received 20 October 1997	
68. Jamaica	3 January 1976		
69. Japan	21 September 1979		
70. Jordan	3 January 1976		
71. Kenya	3 January 1976		
72. Kuwait	31 August 1996		
73. Kyrgyzstan	7 January 1995		
74. Latvia	14 July 1992		
75. Lebanon	3 January 1976		
76. Lesotho	9 December 1992		
77. Libyan Arab Jamahuriya	3 January 1976		
78. Liechtenstein	10 March 1999		
79. Lithuania	20 February 1992		
80. Luxembourg	18 November 1983	Was due 30 June 1998	
81. Madagascar	3 January 1976		
82. Malawi	22 March 1994		
83. Mali	3 January 1976		
84. Malta	13 December 1990		
85. Mauritius	3 January 1976		
86. Mexico	23 June 1981	E/1994/104/Add.18 (E/C.12/1999/SR.44-46)	
87. Moldova	26 March 1993		

Annex (continued)

State party	Date of entry into force	Third periodic reports	Fourth periodic reports
88. Monaco	28 November 1997		
89. Mongolia	3 January 1976	E/1994/104/Add.21. Received 21 April 1998	
90. Morocco	3 August 1979		
91. Namibia	28 February 1995		
92. Nepal	14 August 1991		
93. Netherlands	11 March 1979	Was due 30 June 1997	
94. New Zealand	28 March 1979		
95. Nicaragua	12 June 1980		
96. Niger	7 June 1986		
97. Nigeria	29 October 1993		
98. Norway	3 January 1976	E/1994/104/Add.3 (E/C.12/1995/SR.34-37)	Was due 30 June 1999
99. Panama	8 June 1977		
100. Paraguay	10 September 1992		
101. Peru	28 July 1978		
102. Philippines	3 January 1976		
103. Poland	18 June 1977	E/1994/104/Add.13 (E/C.12/1998/SR.10-12)	Was due 30 June 1999
104. Portugal	31 October 1978	E/1994/104/Add.20. Received 28 November 1997	
105. Republic of Korea	10 July 1990		
106. Romania	3 January 1976	Was due 30 June 1994	
107. Russian Federation	3 January 1976	E/1994/104/Add.8 (E/C.12/1997/SR.11-14)	Was due 30 June 1999
108. Rwanda	3 January 1976		
109. Saint Vincent and the Grenadines	9 February 1982		
110. San Marino	18 January 1986		
111. Senegal	13 May 1978		
112. Seychelles	5 August 1982		
113. Sierra Leone	23 November 1996		
114. Slovakia	28 May 1993		
115. Slovenia	6 July 1992		
116. Solomon Islands	17 March 1982		
117. Somalia	24 April 1990		
118. Spain	27 July 1977	E/1994/104/Add.5 (E/C.12/1996/SR.3-7)	Was due 30 June 1999
119. Sri Lanka	11 September 1980		
120. Sudan	18 June 1986		
121. Suriname	28 March 1977		

Annex (continued)

State party	Date of entry into force	Third periodic reports	Fourth periodic reports
122. Sweden	3 January 1976	E/1994/104/Add.1 (E/C.12/1995/SR.13, 15 and 16)	Was due 30 June 1999
123. Switzerland	18 September 1992		
124. Syrian Arab Republic	3 January 1976	E/1994/104/Add.23. Received 22 March 1999	
125. Tajikistan	4 April 1999		
126. Thailand	5 December 1999		
127. The former Yugoslav Republic of Macedonia	17 September 1991		
128. Togo	24 August 1984		
129. Trinidad and Tobago	8 March 1979		
130. Tunisia	3 January 1976		
131. Turkmenistan	1 August 1997		
132. Uganda	21 April 1987		
133. Ukraine	3 January 1976	E/1994/104/Add.4 (E/C.12/1995/SR.42, 44 and 45)	E/C.12/4/Add.2. Received 13 August 1999
134. United Kingdom of Great Britain and Northern Ireland	20 August 1976	E/1994/104/Add.10 (Hong Kong) (E/C.12/1996/SR.39, 41, 42 and 44) E/1994/104/Add.11 (E/C.12/1997/SR.36-38)	Was due 30 June 1999
135. United Republic of Tanzania	11 September 1976		
136. Uruguay	3 January 1976		
137. Uzbekistan	28 December 1995		
138. Venezuela	10 August 1978		
139. Viet Nam	24 December 1982		
140. Yemen	9 May 1987		
141. Yugoslavia	3 January 1976		
142. Zambia	10 July 1984		
143. Zimbabwe	13 August 1991		

* Fourth periodic report was due on 30 June 1999. At the request of the Government of Denmark, the Committee, at its twenty-first session (1999), decided to extend the deadline for the submission of the fourth periodic report to 30 June 2001.

Annex

FOLLOW-UP BY STATES PARTIES TO THE CONCLUDING OBSERVATIONS OF THE COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS
(status as at 31 January 2000)

State party	Report/summary records/concluding observations	Follow-up measures requested	Deadline	Action taken
Armenia	E/1990/5/Add.36 E/C.12/1/Add.39 E/C.12/1999/ SR.38-40	The Committee recommends that the Government of Armenia provide more specific and detailed data, which are up to date and, where necessary, disaggregated by gender, relating to the rights set forth in the Covenant. The Committee requests the Government to provide the data specifically requested on housing, food, health and education within six months of the adoption of the concluding observations (concluding observations, para. 17).	3 June 2000	
Dominican Republic	E/1990/6/Add.7 E/C.12/1996/SR.29 and 30 E/C.12/1/Add.6	The Committee invited the State party to confirm publicly its commitment to implement its binding human rights treaty obligations. It strongly called upon the Government of the State party to honour its obligations under the Covenant, particularly through maintaining the proper direct and constructive dialogue with the Committee as called for in the Covenant. The Committee	28 April- 16 May 1997	Final concluding observations were adopted by the Committee at its seventeenth session (17 November-5 December 1997), E/C.12/1/Add.16.

State party	Report/summary records/concluding observations	Follow-up measures requested	Deadline	Action taken
		proposed to adopt its final concluding observations in relation to the State party at its sixteenth session; for that reason the present concluding observations would be considered "preliminary", pending further consideration of the report based on a dialogue with representatives of the State party at its sixteenth session (concluding observations, para. 26). The Committee further recommended that the State party provide it with written replies to the concluding observations adopted at its eleventh session (E/C.12/1994/15), in particular with regard to its request that the State party invite representatives of the Committee to visit the Dominican Republic; the written list of issues drawn up with respect to the third periodic report (E/C.12/1995/LQ.7); information contained in the document "The Dominican Republic: an independent report submitted to the United Nations Committee on Economic, Social and Cultural Rights by the International Women's Rights Action Watch" (concluding observations, para. 28).	28 April- 16 May 1997	1. The State party invited representatives of the Committee to visit the Dominican Republic (note verbale of 28 April 1997) 2. Written replies to the list of issues submitted 23 April 1997

State party	Report/summary records/concluding observations	Follow-up measures requested	Deadline	Action taken
		The Committee requested the State party to submit the information referred to in the preceding paragraph by 15 February 1997 in order to allow the Committee to consider that information at its sixteenth session (concluding observations, para. 29).	28 April-16 May 1997	The Committee welcomed the resumption of dialogue with the Dominican Republic ... and the
		The Committee strongly recommended that the specific information requested above be presented to the Committee at its sixteenth session by an expert delegation (concluding observations, para. 30).	28 April-16 May 1997	submission by the State party of comprehensive written answers to its List of issues The Committee also welcomed the appearance before it of an expert and a high-level delegation from the capital, which allowed for a fruitful and constructive dialogue to be conducted (E/C.12/1/Add.16, para.1, 3 December 1997).

State party	Report/summary records/concluding observations	Follow-up measures requested	Deadline	Action taken
El Salvador	E/1990/5/Add.25 E/C.12/1996/SR.15, 16, 18 E/C.12/1/Add.4	Further information was requested on articles 6-8 and 15 of the Covenant, as well as on any problems encountered in that regard (concluding observations, para. 36).	31 October 1996	The requested information was provided on 11 August 1998.
		Information was requested on the activities of the Office of the Procurator for the Defence of Human Rights, in particular on how much weight its recommendations carried and on the action taken on complaints it filed with regard to violations of economic, social and cultural rights, information enabling the Committee to evaluate the extent to which the members of indigenous communities enjoyed all the economic, social and cultural rights provided for in the Covenant (concluding observations, paras. 28 and 35).	Next report	
		The proposal of the Centre for Human Rights concerning technical cooperation should be given favourable consideration and such assistance used to guarantee the enjoyment of economic, social and cultural rights by all (concluding observations, para. 39).		Within the framework of project ELS/95/AH/10 (1997/98)

State party	Report/summary records/concluding observations	Follow-up measures requested	Deadline	Action taken
Guinea	Without report E/C.12/1996/ SR.17, 22 E/C.12/1/Add.5	The Committee reiterated its request that the Government of Guinea actively participate in a constructive dialogue with the Committee on how the obligations arising from the Covenant could be fulfilled in a more adequate manner. It called to the Government's attention the fact that the Covenant created a legal obligation for all States parties to submit periodic reports and that Guinea had been in breach of this obligation for many years (concluding observations, para. 25). The Committee recommended that the Government of Guinea avail itself of the advisory services of the Centre for Human Rights in order to enable it to submit as soon as possible a comprehensive report on the implementation of the Covenant, in conformity with the revised general guidelines adopted by the Committee in 1990 (E/C.12/1991/1) and with particular emphasis on the issues raised and concerns expressed in the concluding observations (concluding observations, para. 26).		

State party	Report/summary records/concluding observations	Follow-up measures requested	Deadline	Action taken
		The Committee encouraged the Centre for Human Rights to make available, through its programme of advisory services and technical assistance, expert assistance to States for the purpose of formulating policies on economic, social and cultural rights, and developing the implementation of coherent and comprehensive plans of action for the promotion and protection of human rights, as well as developing adequate means of evaluating and monitoring their realization (concluding observations, para. 27).		
Honduras	E/1997/22, para. 391 Letter from the Government of Honduras, January 1997	Request for technical assistance	May 1997	Assistance provided, March 1997. Initial report received 2 April 1998
Israel	E/1990/5/Add.39 E/C.12/1998/SR.31-33 E/C.12/1/Add.27	The Committee requests the State party to provide additional information on the realization of economic, social and cultural rights in the Occupied Territories, in order to complete its initial report and thereby to ensure full compliance with its reporting obligations.	30 June 2000	

State party	Report/summary records/concluding observations	Follow-up measures requested	Deadline	Action taken
		Detailed information, including the latest statistical data, is also requested on the progressive realization of economic, social and cultural rights in East Jerusalem, keeping in mind the concerns raised by the Committee in the relevant paragraphs of the concluding observations. In addition, the Committee also requests updated information on the target dates for recognizing unrecognized villages and an outline plan for the delivery of basic services including water, electricity, access roads, health care and primary education, to which the villagers are entitled as citizens of Israel. The Committee requests that the additional information also include an update on the Outline Plan of Ein Hod and progress in the recognition of Arab El-Na'im, as well as an update on the Jahalin Bedouins camped in Abu Dis who are awaiting a court decision on their resettlement. The Committee requests the submission of detailed additional information in this respect in time for the twenty-third session of the Committee in November and December 2000 (para. 32).		

State party	Report/summary records/concluding observations	Follow-up measures requested	Deadline	Action taken
Libyan Arab Jamahiriya	E/C.12/1/Add.15	The Committee requested that the State party provide the Committee with all of the written answers promised by the delegation, and that the State party's second periodic report contain more information regarding actual practice and the effective implementation of the rights guaranteed by the Covenant and include information on action taken with regard to the present concluding observations (concluding observations, para. 25).	Second periodic report	
Nigeria	E/C.12/1/Add.23 May 1998	The Committee urges in the strongest terms that union leaders and their rank and file members, including in particular those named in paragraph 17 above, who have been imprisoned without being charged or tried, be freed immediately (concluding observations, para. 37).	Urgently	
Paraguay	E/1990/5/Add.23 E/C.12/1996/SR.1, 2, 4 E/C.12/1/Add.1	The Committee requested the State party to provide it with written replies to the unanswered questions from the list of issues (concluding observations, para. 32).	31 October 1996	The requested information was provided on 10 December 1998

State party	Report/summary records/concluding observations	Follow-up measures requested	Deadline	Action taken
		The next report should fill in the information gaps identified during the consideration of the initial report by the Committee (i.e. detailed information on the full implementation of legislative and administrative measures relating to prevention and enforcement in respect of safe and healthy working conditions; cases in which the Covenant has been invoked in the courts) (concluding observations, para. 32).	30 June 1999	
Peru	E/C.12/1/Add.12	The Committee called upon the State party to submit as soon as possible all the relevant information which it had failed to provide during the consideration of its report. The State party should, in particular, give detailed information on the legislative and other measures and practices adopted in connection with the right to adequate housing and the right to social security, particularly in relation to the functioning of the pensions system (concluding observations, para. 40).	As soon as possible	The requested information was provided on 2 December 1997 and 18 February 1998

State party	Report/summary records/concluding observations	Follow-up measures requested	Deadline	Action taken
Portugal (Macau)	E/1990/6/Add.8 E/C.12/1996/SR.31-33 E/C.12/1/Add.9	The Committee took note of the readiness of the State party to provide it with additional information in reply to the concerns expressed by it in the course of the discussion, and recommended that in its replies the State party pay particular attention to the issue of family reunification and to the legislative provisions safeguarding the principles of ILO Conventions No. 103 and No. 138 and their practical applications (concluding observations, para. 16).	1 May 1997	
		The Committee recommended, in view of the lack of sufficient information provided by the State party, that detailed information be provided on measures taken to implement the provisions of article 10. In that connection, the attention of the State party was drawn to the relevant parts of the Committee's revised guidelines regarding the form and contents of reports to be submitted by State parties (concluding observations, para. 18).	1 May 1997	
		The Committee strongly urged the Portuguese Administration to take all necessary measures to ensure that the reports under the Covenant were submitted after 1999 (concluding observations, para. 24).		

State party	Report/summary records/concluding observations	Follow-up measures requested	Deadline	Action taken
Solomon Islands (without report)	E/C.12/1/Add.33 (twentieth session)	The Committee recommends that the Government of Solomon Islands avail itself of the advisory services of the Office of the United Nations High Commissioner for Human Rights, so that it may submit, as soon as possible, a comprehensive report on the implementation of the Covenant in conformity with the Committee's revised guidelines and with particular emphasis on the issues raised and concerns expressed in the present concluding observations (concluding observations, para. 25). The Committee also encourages the Office of the High Commissioner for Human Rights, through its programme of advisory services and technical cooperation, to make expert assistance available to the Government for the purpose of formulating policies on economic, social and cultural rights and developing the implementation of coherent and comprehensive plans of action for the promotion and protection of human rights, as well as for developing adequate means of evaluating and monitoring their realization (concluding observations, para. 25).	As soon as possible	

State party	Report/summary records/concluding observations	Follow-up measures requested	Deadline	Action taken
		In accordance with articles 2.1 and 23 of the International Covenant on Economic, Social and Cultural Rights, the specialized agencies are invited to supply the Committee with supplementary information and comments relevant to the status and enjoyment of economic, social and cultural rights in Solomon Islands, thereby assisting the Committee and the State party to identify appropriate measures designed to implement the Covenant in Solomon Islands. The Committee invites the State party to participate in a dialogue to be held during the Committee's twenty-first session together with representatives of the relevant specialized agencies, such as the World Bank, the International Monetary Fund, FAO, WHO, ILO, UNDP, UNICEF and UNESCO. The Committee expresses its belief that only by means of a constructive dialogue between the State party, the above institutions and the Committee can an adequate and realistic appraisal of the feasible development and human rights strategies be achieved for the benefit of all citizens of Solomon Islands (concluding observations, para. 28).	Twenty-first session, 19 Nov. 1999 38th meeting	The following United Nations bodies and specialized agencies provided the Committee with the requested information: UNDP, UNICEF, FAO, The World Bank, IMF, WTO. A representative of the State party participated in the discussion the Committee held on 19 November 1999.

State party	Report/summary records/concluding observations	Follow-up measures requested	Deadline	Action taken
	E/2000/22, Chapter VI (twenty-first session)	The Committee acknowledged with appreciation the willingness of the Government of Solomon Islands to cooperate with the Committee and encouraged it to finalize as soon as possible the drafting of its initial report on the implementation of the Covenant and submit it to the Committee for its consideration. The Committee acknowledged with appreciation the contribution of Specialized Agencies (the International Monetary Fund (IMF), the Food and Agriculture Organization (FAO), and the World Trade Organization (WTO), United Nations organs (the United Nations Development Programme (UNDP), and non-governmental organizations (the Centre for Housing Rights and Evictions (COHRE), Amnesty International and the International Commission of Jurists (ICJ)) to the Committee's review of the state of implementation of the Covenant by the Government of Solomon Islands. The Committee expresses its particular appreciation to the United Nations Development Programme for the assistance provided to the Government of Solomon Islands in response to the Committee's Concluding Observations of May 1999.		

State party	Report/summary records/concluding observations	Follow-up measures requested	Deadline	Action taken
Sri Lanka	E/1990/5/Add.32 E/C.12/1998/ SR.3-5 E/C.12/1/Add.24	The Committee further requests that an updated report be provided on progress achieved by the Government in addressing the problems of poverty, malnutrition and lack of adequate housing (para. 28)	1999	
United Kingdom of Great Britain and Northern Ireland: Hong Kong	E/1994/104/Add.10 E/C.12/1996/SR.39, 41, 42 and 44 E/C.12/1/Add.10	The Committee requested that, within 45 days, it receive a comprehensive response to its inquiry regarding three Vietnamese refugees who had been denied medical and dental treatment, mainly for refusing to return voluntarily to Viet Nam (concluding observations, para. 42)	27 January 1997	Response received on 23 January 1997
Zimbabwe	E/C.12/1/Add.12	The Committee reminded the State party that, as a signatory to the Covenant, it was committed to ensure compulsory, free primary education to all children in Zimbabwe. Even though the Committee was aware of the current difficulties in Zimbabwe and the State party's efforts in that field, the Committee invited the State party to submit to it within a year a plan of action and a progress report as to the implementation of this obligation (concluding observations, para. 22).	16 May 1998	

State party	Report/summary records/concluding observations	Follow-up measures requested	Deadline	Action taken
		Bearing in mind that members of the Committee requested specific information that was not provided during the examination of the State party's report, in particular on the cultural situation and the participation of minority groups in cultural life, the Committee urged the State party to submit the requested additional information and statistics within three months of receipt of the Committee's concluding observations, and in any event prior to the Committee's seventeenth session (concluding observations, para. 23).	20 August 1997	

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Agenda item 3

SUBSTANTIVE ISSUES ARISING IN THE IMPLEMENTATION OF THE INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS

General Comment No. 14 (2000)

The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights)

1. Health is a fundamental human right indispensable for the exercise of other human rights. Every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity. The realization of the right to health may be pursued through numerous, complementary approaches, such as the formulation of health policies, or the implementation of health programmes developed by the World Health Organization (WHO), or the adoption of specific legal instruments. Moreover, the right to health includes certain components which are legally enforceable.[1]

2. The human right to health is recognized in numerous international instruments. Article 25.1 of the Universal Declaration of Human Rights affirms: "Everyone has the right to a standard of living adequate for the health of himself and of his family, including food, clothing, housing and medical care and necessary social services". The International Covenant on Economic, Social and Cultural Rights provides the most comprehensive article on the right to

health in international human rights law. In accordance with article 12.1 of the Covenant, States parties recognize "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health", while article 12.2 enumerates, by way of illustration, a number of "steps to be taken by the States parties ... to achieve the full realization of this right". Additionally, the right to health is recognized, *inter alia*, in article 5 (e) (iv) of the International Convention on the Elimination of All Forms of Racial Discrimination of 1965, in articles 11.1 (f) and 12 of the Convention on the Elimination of All Forms of Discrimination against Women of 1979 and in article 24 of the Convention on the Rights of the Child of 1989. Several regional human rights instruments also recognize the right to health, such as the European Social Charter of 1961 as revised (art. 11), the African Charter on Human and Peoples' Rights of 1981 (art. 16) and the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights of 1988 (art. 10). Similarly, the right to health has been proclaimed by the Commission on Human Rights,[2] as well as in the Vienna Declaration and Programme of Action of 1993 and other international instruments.[3]

3. The right to health is closely related to and dependent upon the realization of other human rights, as contained in the International Bill of Rights, including the rights to food, housing, work, education, human dignity, life, non-discrimination, equality, the prohibition against torture, privacy, access to information, and the freedoms of association, assembly and movement. These and other rights and freedoms address integral components of the right to health.

4. In drafting article 12 of the Covenant, the Third Committee of the United Nations General Assembly did not adopt the definition of health contained in the preamble to the Constitution of WHO, which conceptualizes health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". However, the reference in article 12.1 of the Covenant to "the highest attainable standard of physical and mental health" is not confined to the right to health care. On the contrary, the drafting history and the express wording of article 12.2 acknowledge that the right to health embraces a wide range of socio-economic factors that promote conditions in which people can lead a healthy life, and extends to the underlying determinants of health, such as food and nutrition, housing, access to safe and potable water and adequate sanitation, safe and healthy working conditions, and a healthy environment.

5. The Committee is aware that, for millions of people throughout the world, the full enjoyment of the right to health still remains a distant goal. Moreover, in many cases, especially for those living in poverty, this goal is becoming increasingly remote. The Committee recognizes the formidable structural and other obstacles resulting from international and other factors beyond the control of States that impede the full realization of article 12 in many States parties.

6. With a view to assisting States parties' implementation of the Covenant and the fulfilment of their reporting obligations, this General Comment focuses on the normative content of article 12 (Part I), States parties' obligations (Part II), violations (Part III) and implementation

at the national level (Part IV), while the obligations of actors other than States parties are addressed in Part V. The General Comment is based on the Committee's experience in examining States parties' reports over many years.

I. NORMATIVE CONTENT OF ARTICLE 12

7. Article 12.1 provides a definition of the right to health, while article 12.2 enumerates illustrative, non-exhaustive examples of States parties' obligations.

8. The right to health is not to be understood as a right to be *healthy*. The right to health contains both freedoms and entitlements. The freedoms include the right to control one's health and body, including sexual and reproductive freedom, and the right to be free from interference, such as the right to be free from torture, non-consensual medical treatment and experimentation. By contrast, the entitlements include the right to a system of health protection which provides equality of opportunity for people to enjoy the highest attainable level of health.

9. The notion of "the highest attainable standard of health" in article 12.1 takes into account both the individual's biological and socio-economic preconditions and a State's available resources. There are a number of aspects which cannot be addressed solely within the relationship between States and individuals; in particular, good health cannot be ensured by a State, nor can States provide protection against every possible cause of human ill health. Thus, genetic factors, individual susceptibility to ill health and the adoption of unhealthy or risky lifestyles may play an important role with respect to an individual's health. Consequently, the right to health must be understood as a right to the enjoyment of a variety of facilities, goods, services and conditions necessary for the realization of the highest attainable standard of health.

10. Since the adoption of the two International Covenants in 1966 the world health situation has changed dramatically and the notion of health has undergone substantial changes and has also widened in scope. More determinants of health are being taken into consideration, such as resource distribution and gender differences. A wider definition of health also takes into account such socially-related concerns as violence and armed conflict.[4] Moreover, formerly unknown diseases, such as Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS), and others that have become more widespread, such as cancer, as well as the rapid growth of the world population, have created new obstacles for the realization of the right to health which need to be taken into account when interpreting article 12.

11. The Committee interprets the right to health, as defined in article 12.1, as an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health. A further important aspect is the participation of the population in all health-related decision-making at the community, national and international levels.

12. The right to health in all its forms and at all levels contains the following interrelated and essential elements, the precise application of which will depend on the conditions prevailing in a particular State party:

(a) *Availability*. Functioning public health and health-care facilities, goods and services, as well as programmes, have to be available in sufficient quantity within the State party. The precise nature of the facilities, goods and services will vary depending on numerous factors, including the State party's developmental level. They will include, however, the underlying determinants of health, such as safe and potable drinking water and adequate sanitation facilities, hospitals, clinics and other health-related buildings, trained medical and professional personnel receiving domestically competitive salaries, and essential drugs, as defined by the WHO Action Programme on Essential Drugs.[5]

(b) *Accessibility*. Health facilities, goods and services[6] have to be accessible to everyone without discrimination, within the jurisdiction of the State party. Accessibility has four overlapping dimensions:

(i) Non-discrimination: health facilities, goods and services must be accessible to all, especially the most vulnerable or marginalized sections of the population, in law and in fact, without discrimination on any of the prohibited grounds.[7]

(ii) Physical accessibility: health facilities, goods and services must be within safe physical reach for all sections of the population, especially vulnerable or marginalized groups, such as ethnic minorities and indigenous populations, women, children, adolescents, older persons, persons with disabilities and persons with HIV/AIDS. Accessibility also implies that medical services and underlying determinants of health, such as safe and potable water and adequate sanitation facilities, are within safe physical reach, including in rural areas. Accessibility further includes adequate access to buildings for persons with disabilities.

(iii) Economic accessibility (affordability): health facilities, goods and services must be affordable for all. Payment for health-care services, as well as services related to the underlying determinants of health, has to be based on the principle of equity, ensuring that these services, whether privately or publicly provided, are affordable for all, including socially disadvantaged groups. Equity demands that poorer households should not be disproportionately burdened with health expenses as compared to richer households.

(iv) Information accessibility: accessibility includes the right to seek, receive and impart information and ideas[8] concerning health issues. However, accessibility of information should not impair the right to have personal health data treated with confidentiality.

(c) *Acceptability*. All health facilities, goods and services must be respectful of medical ethics and culturally appropriate, i.e. respectful of the culture of individuals, minorities, peoples and communities, sensitive to gender and life-cycle requirements, as well as being designed to respect confidentiality and improve the health status of those concerned.

(d) *Quality*. As well as being culturally acceptable, health facilities, goods and services must also be scientifically and medically appropriate and of good quality. This requires, *inter alia*, skilled medical personnel, scientifically approved and unexpired drugs and hospital equipment, safe and potable water, and adequate sanitation.

13. The non-exhaustive catalogue of examples in article 12.2 provides guidance in defining the action to be taken by States. It gives specific generic examples of measures arising from the broad definition of the right to health contained in article 12.1, thereby illustrating the content of that right, as exemplified in the following paragraphs.[9]

Article 12.2 (a). The right to maternal, child and reproductive health

14. "The provision for the reduction of the stillbirth rate and of infant mortality and for the healthy development of the child" (art. 12.2 (a))[10] may be understood as requiring measures to improve child and maternal health, sexual and reproductive health services, including access to family planning, pre- and post-natal care,[11] emergency obstetric services and access to information, as well as to resources necessary to act on that information.[12]

Article 12.2 (b). The right to healthy natural and workplace environments

15. "The improvement of all aspects of environmental and industrial hygiene" (art. 12.2 (b)) comprises, *inter alia*, preventive measures in respect of occupational accidents and diseases; the requirement to ensure an adequate supply of safe and potable water and basic sanitation; the prevention and reduction of the population's exposure to harmful substances such as radiation and harmful chemicals or other detrimental environmental conditions that directly or indirectly impact upon human health.[13] Furthermore, industrial hygiene refers to the minimization, so far as is reasonably practicable, of the causes of health hazards inherent in the working environment.[14] Article 12.2 (b) also embraces adequate housing and safe and hygienic working conditions, an adequate supply of food and proper nutrition, and discourages the abuse of alcohol, and the use of tobacco, drugs and other harmful substances.

Article 12.2 (c). The right to prevention, treatment and control of diseases

16. "The prevention, treatment and control of epidemic, endemic, occupational and other diseases" (art. 12.2 (c)) requires the establishment of prevention and education programmes for behaviour-related health concerns such as sexually transmitted diseases, in particular HIV/AIDS, and those adversely affecting sexual and reproductive health, and the promotion of social determinants of good health, such as environmental safety, education, economic development and gender equity. The right to treatment includes the creation of a system of urgent medical care in cases of accidents, epidemics and similar health hazards, and the provision of disaster relief and humanitarian assistance in emergency situations. The control of diseases refers to States' individual and joint efforts to, *inter alia*, make available relevant technologies, using and

improving epidemiological surveillance and data collection on a disaggregated basis, the implementation or enhancement of immunization programmes and other strategies of infectious disease control.

Article 12.2 (d). The right to health facilities, goods and services[15]

17. "The creation of conditions which would assure to all medical service and medical attention in the event of sickness" (art. 12.2 (d)), both physical and mental, includes the provision of equal and timely access to basic preventive, curative, rehabilitative health services and health education; regular screening programmes; appropriate treatment of prevalent diseases, illnesses, injuries and disabilities, preferably at community level; the provision of essential drugs; and appropriate mental health treatment and care. A further important aspect is the improvement and furtherance of participation of the population in the provision of preventive and curative health services, such as the organization of the health sector, the insurance system and, in particular, participation in political decisions relating to the right to health taken at both the community and national levels.

Article 12. Special topics of broad application

Non-discrimination and equal treatment

18. By virtue of article 2.2 and article 3, the Covenant proscribes any discrimination in access to health care and underlying determinants of health, as well as to means and entitlements for their procurement, on the grounds of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV/AIDS), sexual orientation and civil, political, social or other status, which has the intention or effect of nullifying or impairing the equal enjoyment or exercise of the right to health. The Committee stresses that many measures, such as most strategies and programmes designed to eliminate health-related discrimination, can be pursued with minimum resource implications through the adoption, modification or abrogation of legislation or the dissemination of information. The Committee recalls General Comment No. 3, paragraph 12, which states that even in times of severe resource constraints, the vulnerable members of society must be protected by the adoption of relatively low-cost targeted programmes.

19. With respect to the right to health, equality of access to health care and health services has to be emphasized. States have a special obligation to provide those who do not have sufficient means with the necessary health insurance and health-care facilities, and to prevent any discrimination on internationally prohibited grounds in the provision of health care and health services, especially with respect to the core obligations of the right to health.[16] Inappropriate health resource allocation can lead to discrimination that may not be overt. For example, investments should not disproportionately favour expensive curative health services which are often accessible only to a small, privileged fraction of the population, rather than primary and preventive health care benefiting a far larger part of the population.

Gender perspective

20. The Committee recommends that States integrate a gender perspective in their health-related policies, planning, programmes and research in order to promote better health for both women and men. A gender-based approach recognizes that biological and socio-cultural factors play a significant role in influencing the health of men and women. The disaggregation of health and socio-economic data according to sex is essential for identifying and remedying inequalities in health.

Women and the right to health

21. To eliminate discrimination against women, there is a need to develop and implement a comprehensive national strategy for promoting women's right to health throughout their life span. Such a strategy should include interventions aimed at the prevention and treatment of diseases affecting women, as well as policies to provide access to a full range of high quality and affordable health care, including sexual and reproductive services. A major goal should be reducing women's health risks, particularly lowering rates of maternal mortality and protecting women from domestic violence. The realization of women's right to health requires the removal of all barriers interfering with access to health services, education and information, including in the area of sexual and reproductive health. It is also important to undertake preventive, promotive and remedial action to shield women from the impact of harmful traditional cultural practices and norms that deny them their full reproductive rights.

Children and adolescents

22. Article 12.2 (a) outlines the need to take measures to reduce infant mortality and promote the healthy development of infants and children. Subsequent international human rights instruments recognize that children and adolescents have the right to the enjoyment of the highest standard of health and access to facilities for the treatment of illness.[17] The Convention on the Rights of the Child directs States to ensure access to essential health services for the child and his or her family, including pre- and post-natal care for mothers. The Convention links these goals with ensuring access to child-friendly information about preventive and health-promoting behaviour and support to families and communities in implementing these practices. Implementation of the principle of non-discrimination requires that girls, as well as boys, have equal access to adequate nutrition, safe environments, and physical as well as mental health services. There is a need to adopt effective and appropriate measures to abolish harmful traditional practices affecting the health of children, particularly girls, including early marriage, female genital mutilation, preferential feeding and care of male children.[18] Children with disabilities should be given the opportunity to enjoy a fulfilling and decent life and to participate within their community.

23. States parties should provide a safe and supportive environment for adolescents, that ensures the opportunity to participate in decisions affecting their health, to build life-skills, to acquire appropriate information, to receive counselling and to negotiate the health-behaviour choices they make. The realization of the right to health of adolescents is dependent on the development of youth-friendly health care, which respects confidentiality and privacy and includes appropriate sexual and reproductive health services.

24. In all policies and programmes aimed at guaranteeing the right to health of children and adolescents their best interests shall be a primary consideration.

Older persons

25. With regard to the realization of the right to health of older persons, the Committee, in accordance with paragraphs 34 and 35 of General Comment No. 6 (1995), reaffirms the importance of an integrated approach, combining elements of preventive, curative and rehabilitative health treatment. Such measures should be based on periodical check-ups for both sexes; physical as well as psychological rehabilitative measures aimed at maintaining the functionality and autonomy of older persons; and attention and care for chronically and terminally ill persons, sparing them avoidable pain and enabling them to die with dignity.

Persons with disabilities

26. The Committee reaffirms paragraph 34 of its General Comment No. 5, which addresses the issue of persons with disabilities in the context of the right to physical and mental health. Moreover, the Committee stresses the need to ensure that not only the public health sector but also private providers of health services and facilities comply with the principle of non-discrimination in relation to persons with disabilities.

Indigenous peoples

27. In the light of emerging international law and practice and the recent measures taken by States in relation to indigenous peoples,[19] the Committee deems it useful to identify elements that would help to define indigenous peoples' right to health in order better to enable States with indigenous peoples to implement the provisions contained in article 12 of the Covenant. The Committee considers that indigenous peoples have the right to specific measures to improve their access to health services and care. These health services should be culturally appropriate, taking into account traditional preventive care, healing practices and medicines. States should provide resources for indigenous peoples to design, deliver and control such services so that they may enjoy the highest attainable standard of physical and mental health. The vital medicinal plants, animals and minerals necessary to the full enjoyment of health of indigenous peoples should also be protected. The Committee notes that, in indigenous communities, the health of the individual is often linked to the health of the society as a whole and has a collective dimension. In this respect, the Committee considers that development-related activities that lead to the displacement of indigenous peoples against their will from their traditional territories and environment, denying them their sources of nutrition and breaking their symbiotic relationship with their lands, has a deleterious effect on their health.

Limitations

28. Issues of public health are sometimes used by States as grounds for limiting the exercise of other fundamental rights. The Committee wishes to emphasize that the Covenant's limitation clause, article 4, is primarily intended to protect the rights of individuals rather than to permit the imposition of limitations by States. Consequently a State party which, for example, restricts the movement of, or incarcerates, persons with transmissible diseases such as HIV/AIDS, refuses to

allow doctors to treat persons believed to be opposed to a government, or fails to provide immunization against the community's major infectious diseases, on grounds such as national security or the preservation of public order, has the burden of justifying such serious measures in relation to each of the elements identified in article 4. Such restrictions must be in accordance with the law, including international human rights standards, compatible with the nature of the rights protected by the Covenant, in the interest of legitimate aims pursued, and strictly necessary for the promotion of the general welfare in a democratic society.

29. In line with article 5.1, such limitations must be proportional, i.e. the least restrictive alternative must be adopted where several types of limitations are available. Even where such limitations on grounds of protecting public health are basically permitted, they should be of limited duration and subject to review.

II. STATES PARTIES' OBLIGATIONS

General legal obligations

30. While the Covenant provides for progressive realization and acknowledges the constraints due to the limits of available resources, it also imposes on States parties various obligations which are of immediate effect. States parties have immediate obligations in relation to the right to health, such as the guarantee that the right will be exercised without discrimination of any kind (art. 2.2) and the obligation to take steps (art. 2.1) towards the full realization of article 12. Such steps must be deliberate, concrete and targeted towards the full realization of the right to health.[20]

31. The progressive realization of the right to health over a period of time should not be interpreted as depriving States parties' obligations of all meaningful content. Rather, progressive realization means that States parties have a specific and continuing obligation to move as expeditiously and effectively as possible towards the full realization of article 12.[21]

32. As with all other rights in the Covenant, there is a strong presumption that retrogressive measures taken in relation to the right to health are not permissible. If any deliberately retrogressive measures are taken, the State party has the burden of proving that they have been introduced after the most careful consideration of all alternatives and that they are duly justified by reference to the totality of the rights provided for in the Covenant in the context of the full use of the State party's maximum available resources.[22]

33. The right to health, like all human rights, imposes three types or levels of obligations on States parties: the obligations to *respect*, *protect* and *fulfil*. In turn, the obligation to fulfil contains obligations to facilitate, provide and promote.[23] The obligation to *respect* requires States to refrain from interfering directly or indirectly with the enjoyment of the right to health. The obligation to *protect* requires States to take measures that prevent third parties from interfering with article 12 guarantees. Finally, the obligation to *fulfil* requires States to adopt appropriate legislative, administrative, budgetary, judicial, promotional and other measures towards the full realization of the right to health.

Specific legal obligations

34. In particular, States are under the obligation to *respect* the right to health by, *inter alia*, refraining from denying or limiting equal access for all persons, including prisoners or detainees, minorities, asylum seekers and illegal immigrants, to preventive, curative and palliative health services; abstaining from enforcing discriminatory practices as a State policy; and abstaining from imposing discriminatory practices relating to women's health status and needs. Furthermore, obligations to respect include a State's obligation to refrain from prohibiting or impeding traditional preventive care, healing practices and medicines, from marketing unsafe drugs and from applying coercive medical treatments, unless on an exceptional basis for the treatment of mental illness or the prevention and control of communicable diseases. Such exceptional cases should be subject to specific and restrictive conditions, respecting best practices and applicable international standards, including the Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care.[24] In addition, States should refrain from limiting access to contraceptives and other means of maintaining sexual and reproductive health, from censoring, withholding or intentionally misrepresenting health-related information, including sexual education and information, as well as from preventing people's participation in health-related matters. States should also refrain from unlawfully polluting air, water and soil, e.g. through industrial waste from State-owned facilities, from using or testing nuclear, biological or chemical weapons if such testing results in the release of substances harmful to human health, and from limiting access to health services as a punitive measure, e.g. during armed conflicts in violation of international humanitarian law.

35. Obligations to *protect* include, *inter alia*, the duties of States to adopt legislation or to take other measures ensuring equal access to health care and health-related services provided by third parties; to ensure that privatization of the health sector does not constitute a threat to the availability, accessibility, acceptability and quality of health facilities, goods and services; to control the marketing of medical equipment and medicines by third parties; and to ensure that medical practitioners and other health professionals meet appropriate standards of education, skill and ethical codes of conduct. States are also obliged to ensure that harmful social or traditional practices do not interfere with access to pre- and post-natal care and family-planning; to prevent third parties from coercing women to undergo traditional practices, e.g. female genital mutilation; and to take measures to protect all vulnerable or marginalized groups of society, in particular women, children, adolescents and older persons, in the light of gender-based expressions of violence. States should also ensure that third parties do not limit people's access to health-related information and services.

36. The obligation to *fulfil* requires States parties, *inter alia*, to give sufficient recognition to the right to health in the national political and legal systems, preferably by way of legislative implementation, and to adopt a national health policy with a detailed plan for realizing the right to health. States must ensure provision of health care, including immunization programmes against the major infectious diseases, and ensure equal access for all to the underlying determinants of health, such as nutritiously safe food and potable drinking water, basic sanitation and adequate housing and living conditions. Public health infrastructures should provide for sexual and reproductive health services, including safe motherhood, particularly in rural areas. States have to ensure the appropriate training of doctors and other medical personnel, the provision of a sufficient number of hospitals, clinics and other health-related facilities, and the

promotion and support of the establishment of institutions providing counselling and mental health services, with due regard to equitable distribution throughout the country. Further obligations include the provision of a public, private or mixed health insurance system which is affordable for all, the promotion of medical research and health education, as well as information campaigns, in particular with respect to HIV/AIDS, sexual and reproductive health, traditional practices, domestic violence, the abuse of alcohol and the use of cigarettes, drugs and other harmful substances. States are also required to adopt measures against environmental and occupational health hazards and against any other threat as demonstrated by epidemiological data. For this purpose they should formulate and implement national policies aimed at reducing and eliminating pollution of air, water and soil, including pollution by heavy metals such as lead from gasoline. Furthermore, States parties are required to formulate, implement and periodically review a coherent national policy to minimize the risk of occupational accidents and diseases, as well as to provide a coherent national policy on occupational safety and health services.[25]

37. The obligation to *fulfil (facilitate)* requires States *inter alia* to take positive measures that enable and assist individuals and communities to enjoy the right to health. States parties are also obliged to *fulfil (provide)* a specific right contained in the Covenant when individuals or a group are unable, for reasons beyond their control, to realize that right themselves by the means at their disposal. The obligation to *fulfil (promote)* the right to health requires States to undertake actions that create, maintain and restore the health of the population. Such obligations include: (i) fostering recognition of factors favouring positive health results, e.g. research and provision of information; (ii) ensuring that health services are culturally appropriate and that health care staff are trained to recognize and respond to the specific needs of vulnerable or marginalized groups; (iii) ensuring that the State meets its obligations in the dissemination of appropriate information relating to healthy lifestyles and nutrition, harmful traditional practices and the availability of services; (iv) supporting people in making informed choices about their health.

International obligations

38. In its General Comment No. 3, the Committee drew attention to the obligation of all States parties to take steps, individually and through international assistance and cooperation, especially economic and technical, towards the full realization of the rights recognized in the Covenant, such as the right to health. In the spirit of article 56 of the Charter of the United Nations, the specific provisions of the Covenant (articles 12, 2.1, 22 and 23) and the Alma-Ata Declaration on primary health care, States parties should recognize the essential role of international cooperation and comply with their commitment to take joint and separate action to achieve the full realization of the right to health. In this regard, States parties are referred to the Alma-Ata Declaration which proclaims that the existing gross inequality in the health status of the people, particularly between developed and developing countries, as well as within countries, is politically, socially and economically unacceptable and is, therefore, of common concern to all countries.[26]

39. To comply with their international obligations in relation to article 12, States parties have to respect the enjoyment of the right to health in other countries, and to prevent third parties from violating the right in other countries, if they are able to influence these third parties by way of legal or political means, in accordance with the Charter of the United Nations and applicable international law. Depending on the availability of resources, States should facilitate access to

essential health facilities, goods and services in other countries, wherever possible and provide the necessary aid when required.[27] States parties should ensure that the right to health is given due attention in international agreements and, to that end, should consider the development of further legal instruments. In relation to the conclusion of other international agreements, States parties should take steps to ensure that these instruments do not adversely impact upon the right to health. Similarly, States parties have an obligation to ensure that their actions as members of international organizations take due account of the right to health. Accordingly, States parties which are members of international financial institutions, notably the International Monetary Fund, the World Bank, and regional development banks, should pay greater attention to the protection of the right to health in influencing the lending policies, credit agreements and international measures of these institutions.

40. States parties have a joint and individual responsibility, in accordance with the Charter of the United Nations and relevant resolutions of the United Nations General Assembly and of the World Health Assembly, to cooperate in providing disaster relief and humanitarian assistance in times of emergency, including assistance to refugees and internally displaced persons. Each State should contribute to this task to the maximum of its capacities. Priority in the provision of international medical aid, distribution and management of resources, such as safe and potable water, food and medical supplies, and financial aid should be given to the most vulnerable or marginalized groups of the population. Moreover, given that some diseases are easily transmissible beyond the frontiers of a State, the international community has a collective responsibility to address this problem. The economically developed States parties have a special responsibility and interest to assist the poorer developing States in this regard.

41. States parties should refrain at all times from imposing embargoes or similar measures restricting the supply of another State with adequate medicines and medical equipment. Restrictions on such goods should never be used as an instrument of political and economic pressure. In this regard, the Committee recalls its position, stated in General Comment No. 8, on the relationship between economic sanctions and respect for economic, social and cultural rights.

42. While only States are parties to the Covenant and thus ultimately accountable for compliance with it, all members of society - individuals, including health professionals, families, local communities, intergovernmental and non-governmental organizations, civil society organizations, as well as the private business sector - have responsibilities regarding the realization of the right to health. State parties should therefore provide an environment which facilitates the discharge of these responsibilities.

Core obligations

43. In General Comment No. 3, the Committee confirms that States parties have a core obligation to ensure the satisfaction of, at the very least, minimum essential levels of each of the rights enunciated in the Covenant, including essential primary health care. Read in conjunction with more contemporary instruments, such as the Programme of Action of the International Conference on Population and Development,[28] the Alma-Ata Declaration provides compelling guidance on the core obligations arising from article 12. Accordingly, in the Committee's view, these core obligations include at least the following obligations:

(a) To ensure the right of access to health facilities, goods and services on a non-discriminatory basis, especially for vulnerable or marginalized groups;

(b) To ensure access to the minimum essential food which is nutritionally adequate and safe, to ensure freedom from hunger to everyone;

(c) To ensure access to basic shelter, housing and sanitation, and an adequate supply of safe and potable water;

(d) To provide essential drugs, as from time to time defined under the WHO Action Programme on Essential Drugs;

(e) To ensure equitable distribution of all health facilities, goods and services;

(f) To adopt and implement a national public health strategy and plan of action, on the basis of epidemiological evidence, addressing the health concerns of the whole population; the strategy and plan of action shall be devised, and periodically reviewed, on the basis of a participatory and transparent process; they shall include methods, such as right to health indicators and benchmarks, by which progress can be closely monitored; the process by which the strategy and plan of action are devised, as well as their content, shall give particular attention to all vulnerable or marginalized groups.

44. The Committee also confirms that the following are obligations of comparable priority:

(a) To ensure reproductive, maternal (pre-natal as well as post-natal) and child health care;

(b) To provide immunization against the major infectious diseases occurring in the community;

(c) To take measures to prevent, treat and control epidemic and endemic diseases;

(d) To provide education and access to information concerning the main health problems in the community, including methods of preventing and controlling them;

(e) To provide appropriate training for health personnel, including education on health and human rights.

45. For the avoidance of any doubt, the Committee wishes to emphasize that it is particularly incumbent on States parties and other actors in a position to assist, to provide "international assistance and cooperation, especially economic and technical"[29] which enable developing countries to fulfil their core and other obligations indicated in paragraphs 43 and 44 above.

III. VIOLATIONS

46. When the normative content of article 12 (Part I) is applied to the obligations of States parties (Part II), a dynamic process is set in motion which facilitates identification of violations of the right to health. The following paragraphs provide illustrations of violations of article 12.

47. In determining which actions or omissions amount to a violation of the right to health, it is important to distinguish the inability from the unwillingness of a State party to comply with its obligations under article 12. This follows from article 12.1, which speaks of the highest attainable standard of health, as well as from article 2.1 of the Covenant, which obliges each State party to take the necessary steps to the maximum of its available resources. A State which is unwilling to use the maximum of its available resources for the realization of the right to health is in violation of its obligations under article 12. If resource constraints render it impossible for a State to comply fully with its Covenant obligations, it has the burden of justifying that every effort has nevertheless been made to use all available resources at its disposal in order to satisfy, as a matter of priority, the obligations outlined above. It should be stressed, however, that a State party cannot, under any circumstances whatsoever, justify its non-compliance with the core obligations set out in paragraph 43 above, which are non-derogable.

48. Violations of the right to health can occur through the direct action of States or other entities insufficiently regulated by States. The adoption of any retrogressive measures incompatible with the core obligations under the right to health, outlined in paragraph 43 above, constitutes a violation of the right to health. Violations through *acts of commission* include the formal repeal or suspension of legislation necessary for the continued enjoyment of the right to health or the adoption of legislation or policies which are manifestly incompatible with pre-existing domestic or international legal obligations in relation to the right to health.

49. Violations of the right to health can also occur through the omission or failure of States to take necessary measures arising from legal obligations. Violations through *acts of omission* include the failure to take appropriate steps towards the full realization of everyone's right to the enjoyment of the highest attainable standard of physical and mental health, the failure to have a national policy on occupational safety and health as well as occupational health services, and the failure to enforce relevant laws.

Violations of the obligation to respect

50. Violations of the obligation to respect are those State actions, policies or laws that contravene the standards set out in article 12 of the Covenant and are likely to result in bodily harm, unnecessary morbidity and preventable mortality. Examples include the denial of access to health facilities, goods and services to particular individuals or groups as a result of de jure or de facto discrimination; the deliberate withholding or misrepresentation of information vital to health protection or treatment; the suspension of legislation or the adoption of laws or policies that interfere with the enjoyment of any of the components of the right to health; and the failure of the State to take into account its legal obligations regarding the right to health when entering into bilateral or multilateral agreements with other States, international organizations and other entities, such as multinational corporations.

Violations of the obligation to protect

51. Violations of the obligation to protect follow from the failure of a State to take all necessary measures to safeguard persons within their jurisdiction from infringements of the right to health by third parties. This category includes such omissions as the failure to regulate the activities of individuals, groups or corporations so as to prevent them from violating the right to health of others; the failure to protect consumers and workers from practices detrimental to health, e.g. by employers and manufacturers of medicines or food; the failure to discourage production, marketing and consumption of tobacco, narcotics and other harmful substances; the failure to protect women against violence or to prosecute perpetrators; the failure to discourage the continued observance of harmful traditional medical or cultural practices; and the failure to enact or enforce laws to prevent the pollution of water, air and soil by extractive and manufacturing industries.

Violations of the obligation to fulfil

52. Violations of the obligation to fulfil occur through the failure of States parties to take all necessary steps to ensure the realization of the right to health. Examples include the failure to adopt or implement a national health policy designed to ensure the right to health for everyone; insufficient expenditure or misallocation of public resources which results in the non-enjoyment of the right to health by individuals or groups, particularly the vulnerable or marginalized; the failure to monitor the realization of the right to health at the national level, for example by identifying right to health indicators and benchmarks; the failure to take measures to reduce the inequitable distribution of health facilities, goods and services; the failure to adopt a gender-sensitive approach to health; and the failure to reduce infant and maternal mortality rates.

IV. IMPLEMENTATION AT THE NATIONAL LEVEL

Framework legislation

53. The most appropriate feasible measures to implement the right to health will vary significantly from one State to another. Every State has a margin of discretion in assessing which measures are most suitable to meet its specific circumstances. The Covenant, however, clearly imposes a duty on each State to take whatever steps are necessary to ensure that everyone has access to health facilities, goods and services so that they can enjoy, as soon as possible, the highest attainable standard of physical and mental health. This requires the adoption of a national strategy to ensure to all the enjoyment of the right to health, based on human rights principles which define the objectives of that strategy, and the formulation of policies and corresponding right to health indicators and benchmarks. The national health strategy should also identify the resources available to attain defined objectives, as well as the most cost-effective way of using those resources.

54. The formulation and implementation of national health strategies and plans of action should respect, *inter alia*, the principles of non-discrimination and people's participation. In particular, the right of individuals and groups to participate in decision-making processes, which may affect their development, must be an integral component of any policy, programme or strategy developed to discharge governmental obligations under article 12. Promoting health

must involve effective community action in setting priorities, making decisions, planning, implementing and evaluating strategies to achieve better health. Effective provision of health services can only be assured if people's participation is secured by States.

55. The national health strategy and plan of action should also be based on the principles of accountability, transparency and independence of the judiciary, since good governance is essential to the effective implementation of all human rights, including the realization of the right to health. In order to create a favourable climate for the realization of the right, States parties should take appropriate steps to ensure that the private business sector and civil society are aware of, and consider the importance of, the right to health in pursuing their activities.

56. States should consider adopting a framework law to operationalize their right to health national strategy. The framework law should establish national mechanisms for monitoring the implementation of national health strategies and plans of action. It should include provisions on the targets to be achieved and the time-frame for their achievement; the means by which right to health benchmarks could be achieved; the intended collaboration with civil society, including health experts, the private sector and international organizations; institutional responsibility for the implementation of the right to health national strategy and plan of action; and possible recourse procedures. In monitoring progress towards the realization of the right to health, States parties should identify the factors and difficulties affecting implementation of their obligations.

Right to health indicators and benchmarks

57. National health strategies should identify appropriate right to health indicators and benchmarks. The indicators should be designed to monitor, at the national and international levels, the State party's obligations under article 12. States may obtain guidance on appropriate right to health indicators, which should address different aspects of the right to health, from the ongoing work of WHO and the United Nations Children's Fund (UNICEF) in this field. Right to health indicators require disaggregation on the prohibited grounds of discrimination.

58. Having identified appropriate right to health indicators, States parties are invited to set appropriate national benchmarks in relation to each indicator. During the periodic reporting procedure the Committee will engage in a process of scoping with the State party. Scoping involves the joint consideration by the State party and the Committee of the indicators and national benchmarks which will then provide the targets to be achieved during the next reporting period. In the following five years, the State party will use these national benchmarks to help monitor its implementation of article 12. Thereafter, in the subsequent reporting process, the State party and the Committee will consider whether or not the benchmarks have been achieved, and the reasons for any difficulties that may have been encountered.

Remedies and accountability

59. Any person or group victim of a violation of the right to health should have access to effective judicial or other appropriate remedies at both national and international levels.[30] All victims of such violations should be entitled to adequate reparation, which may take the form of

restitution, compensation, satisfaction or guarantees of non-repetition. National ombudsmen, human rights commissions, consumer forums, patients' rights associations or similar institutions should address violations of the right to health.

60. The incorporation in the domestic legal order of international instruments recognizing the right to health can significantly enhance the scope and effectiveness of remedial measures and should be encouraged in all cases.[31] Incorporation enables courts to adjudicate violations of the right to health, or at least its core obligations, by direct reference to the Covenant.

61. Judges and members of the legal profession should be encouraged by States parties to pay greater attention to violations of the right to health in the exercise of their functions.

62. States parties should respect, protect, facilitate and promote the work of human rights advocates and other members of civil society with a view to assisting vulnerable or marginalized groups in the realization of their right to health.

V. OBLIGATIONS OF ACTORS OTHER THAN STATES PARTIES

63. The role of the United Nations agencies and programmes, and in particular the key function assigned to WHO in realizing the right to health at the international, regional and country levels, is of particular importance, as is the function of UNICEF in relation to the right to health of children. When formulating and implementing their right to health national strategies, States parties should avail themselves of technical assistance and cooperation of WHO. Further, when preparing their reports, States parties should utilize the extensive information and advisory services of WHO with regard to data collection, disaggregation, and the development of right to health indicators and benchmarks.

64. Moreover, coordinated efforts for the realization of the right to health should be maintained to enhance the interaction among all the actors concerned, including the various components of civil society. In conformity with articles 22 and 23 of the Covenant, WHO, The International Labour Organization, the United Nations Development Programme, UNICEF, the United Nations Population Fund, the World Bank, regional development banks, the International Monetary Fund, the World Trade Organization and other relevant bodies within the United Nations system, should cooperate effectively with States parties, building on their respective expertise, in relation to the implementation of the right to health at the national level, with due respect to their individual mandates. In particular, the international financial institutions, notably the World Bank and the International Monetary Fund, should pay greater attention to the protection of the right to health in their lending policies, credit agreements and structural adjustment programmes. When examining the reports of States parties and their ability to meet the obligations under article 12, the Committee will consider the effects of the assistance provided by all other actors. The adoption of a human rights-based approach by United Nations specialized agencies, programmes and bodies will greatly facilitate implementation of the right to health. In the course of its examination of States parties' reports, the Committee will also consider the role of health professional associations and other non-governmental organizations in relation to the States' obligations under article 12.

65. The role of WHO, the Office of the United Nations High Commissioner for Refugees, the International Committee of the Red Cross/Red Crescent and UNICEF, as well as non governmental organizations and national medical associations, is of particular importance in relation to disaster relief and humanitarian assistance in times of emergencies, including assistance to refugees and internally displaced persons. Priority in the provision of international medical aid, distribution and management of resources, such as safe and potable water, food and medical supplies, and financial aid should be given to the most vulnerable or marginalized groups of the population.

Adopted on 11 May 2000.

Notes

[1] For example, the principle of non-discrimination in relation to health facilities, goods and services is legally enforceable in numerous national jurisdictions.

[2] In its resolution 1989/11.

[3] The Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care adopted by the United Nations General Assembly in 1991 (resolution 46/119) and the Committee's General Comment No. 5 on persons with disabilities apply to persons with mental illness; the Programme of Action of the International Conference on Population and Development held at Cairo in 1994, as well as the Declaration and Programme for Action of the Fourth World Conference on Women held in Beijing in 1995 contain definitions of reproductive health and women's health, respectively.

[4] Common article 3 of the Geneva Conventions for the protection of war victims (1949); Additional Protocol I (1977) relating to the Protection of Victims of International Armed Conflicts, art. 75 (2) (a); Additional Protocol II (1977) relating to the Protection of Victims of Non-International Armed Conflicts, art. 4 (a).

[5] See WHO Model List of Essential Drugs, revised December 1999, WHO Drug Information, vol. 13, No. 4, 1999.

[6] Unless expressly provided otherwise, any reference in this General Comment to health facilities, goods and services includes the underlying determinants of health outlined in paras. 11 and 12 (a) of this General Comment.

[7] See paras. 18 and 19 of this General Comment.

[8] See article 19.2 of the International Covenant on Civil and Political Rights. This General Comment gives particular emphasis to access to information because of the special importance of this issue in relation to health.

[9] In the literature and practice concerning the right to health, three levels of health care are frequently referred to: *primary health care* typically deals with common and relatively minor

illnesses and is provided by health professionals and/or generally trained doctors working within the community at relatively low cost; *secondary health care* is provided in centres, usually hospitals, and typically deals with relatively common minor or serious illnesses that cannot be managed at community level, using specialty-trained health professionals and doctors, special equipment and sometimes in-patient care at comparatively higher cost; *tertiary health care* is provided in relatively few centres, typically deals with small numbers of minor or serious illnesses requiring specialty-trained health professionals and doctors and special equipment, and is often relatively expensive. Since forms of primary, secondary and tertiary health care frequently overlap and often interact, the use of this typology does not always provide sufficient distinguishing criteria to be helpful for assessing which levels of health care States parties must provide, and is therefore of limited assistance in relation to the normative understanding of article 12.

[10] According to WHO, the stillbirth rate is no longer commonly used, infant and under-five mortality rates being measured instead.

[11] *Prenatal* denotes existing or occurring before birth; *perinatal* refers to the period shortly before and after birth (in medical statistics the period begins with the completion of 28 weeks of gestation and is variously defined as ending one to four weeks after birth); *neonatal*, by contrast, covers the period pertaining to the first four weeks after birth; while *post-natal* denotes occurrence after birth. In this General Comment, the more generic terms pre- and post-natal are exclusively employed.

[12] Reproductive health means that women and men have the freedom to decide if and when to reproduce and the right to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice as well as the right of access to appropriate health-care services that will, for example, enable women to go safely through pregnancy and childbirth.

[13] The Committee takes note, in this regard, of Principle 1 of the Stockholm Declaration of 1972 which states: "Man has the fundamental right to freedom, equality and adequate conditions of life, in an environment of a quality that permits a life of dignity and well-being", as well as of recent developments in international law, including General Assembly resolution 45/94 on the need to ensure a healthy environment for the well-being of individuals; Principle 1 of the Rio Declaration; and regional human rights instruments such as article 10 of the San Salvador Protocol to the American Convention on Human Rights.

[14] ILO Convention No. 155, art. 4.2.

[15] See para. 12 (b) and note 8 above.

[16] For the core obligations, see paras. 43 and 44 of the present General Comments.

[17] Article 24.1 of the Convention on the Rights of the Child.

[18] See World Health Assembly resolution WHA47.10, 1994, entitled "Maternal and child health and family planning: traditional practices harmful to the health of women and children".

[19] Recent emerging international norms relevant to indigenous peoples include the ILO Convention No. 169 concerning Indigenous and Tribal Peoples in Independent Countries (1989); articles 29 (c) and (d) and 30 of the Convention on the Rights of the Child (1989); article 8 (j) of the Convention on Biological Diversity (1992), recommending that States respect, preserve and maintain knowledge, innovation and practices of indigenous communities; Agenda 21 of the United Nations Conference on Environment and Development (1992), in particular chapter 26; and Part I, paragraph 20, of the Vienna Declaration and Programme of Action (1993), stating that States should take concerted positive steps to ensure respect for all human rights of indigenous people, on the basis of non-discrimination. See also the preamble and article 3 of the United Nations Framework Convention on Climate Change (1992); and article 10 (2) (e) of the United Nations Convention to Combat Desertification in Countries Experiencing Serious Drought and/or Desertification, Particularly in Africa (1994). During recent years an increasing number of States have changed their constitutions and introduced legislation recognizing specific rights of indigenous peoples.

[20] See General Comment No. 13, para. 43.

[21] See General Comment No. 3, para. 9; General Comment No. 13, para. 44.

[22] See General Comment No. 3, para. 9; General Comment No. 13, para. 45.

[23] According to General Comments Nos. 12 and 13, the obligation to fulfil incorporates an obligation to *facilitate* and an obligation to *provide*. In the present General Comment, the obligation to fulfil also incorporates an obligation to *promote* because of the critical importance of health promotion in the work of WHO and elsewhere.

[24] General Assembly resolution 46/119 (1991).

[25] Elements of such a policy are the identification, determination, authorization and control of dangerous materials, equipment, substances, agents and work processes; the provision of health information to workers and the provision, if needed, of adequate protective clothing and equipment; the enforcement of laws and regulations through adequate inspection; the requirement of notification of occupational accidents and diseases, the conduct of inquiries into serious accidents and diseases, and the production of annual statistics; the protection of workers and their representatives from disciplinary measures for actions properly taken by them in conformity with such a policy; and the provision of occupational health services with essentially preventive functions. See ILO Occupational Safety and Health Convention, 1981 (No. 155) and Occupational Health Services Convention, 1985 (No. 161).

[26] Article II, Alma-Ata Declaration, Report of the International Conference on Primary Health Care, Alma-Ata, 6-12 September 1978, in: World Health Organization, "Health for All" Series, No. 1, WHO, Geneva, 1978.

[27] See para. 45 of this General Comment.

[28] Report of the International Conference on Population and Development, Cairo, 5-13 September 1994 (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex, chaps. VII and VIII.

[29] Covenant, art. 2.1.

[30] Regardless of whether groups as such can seek remedies as distinct holders of rights, States parties are bound by both the collective and individual dimensions of article 12. Collective rights are critical in the field of health; modern public health policy relies heavily on prevention and promotion which are approaches directed primarily to groups.

[31] See General Comment No. 2, para. 9.

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COMMITTEE ON ECONOMIC, SOCIAL
AND CULTURAL RIGHTS
Twenty-third (extraordinary) session
Geneva, 14 August-1 September

PROVISIONAL AGENDA AND ANNOTATIONS

Note by the Secretary-General

1. The twenty-third (extraordinary) session of the Committee on Economic, Social and Cultural Rights, established in accordance with Economic and Social Council resolution 1985/17, will be held at the United Nations Office at Geneva from 14 August to 1 September 2000. The first meeting will be convened on Monday, 14 August 2000, at 10.30 a.m.

2. The attached provisional agenda and annotations for the twenty-third (extraordinary) session of the Committee have been prepared by the Secretary-General in accordance with rule 4 of the rules of procedure of the Committee.

3. The attention of the States parties is drawn, in particular, to the annotations to item 6 containing the list of reports that will be before the Committee at its twenty-third (extraordinary) session.

PROVISIONAL AGENDA

1. Adoption of the agenda.

2. Organization of work.

3. Substantive issues arising in the implementation of the International Covenant on Economic, Social and Cultural Rights.

4. Follow-up to the consideration of reports under articles 16 and 17 of the Covenant.

5. Relations with United Nations organs and other treaty bodies.

6. Consideration of reports:

   (a) Reports submitted by States parties in accordance with articles 16 and 17 of the Covenant;

   (b) Reports submitted by specialized agencies in accordance with article 18 of the Covenant.

7. Submission of reports by States parties in accordance with articles 16 and 17 of the Covenant.

8. Miscellaneous matters.

ANNOTATIONS

1. Adoption of the agenda

Under rule 5 of the rules of procedure, the first item on the provisional agenda of any session shall be the adoption of the agenda, except for the election of its officers when required under rule 14. In accordance with rule 6 the Committee, during a session, may revise the agenda and may, as appropriate, add, delete or defer items.

2. Organization of work

In accordance with rule 8 of its rules of procedure, at the beginning of each session, the Committee shall consider appropriate organizational matters, including the schedule of its meetings. In this connection, the attention of the members of the Committee is drawn to the draft programme of work for the session, prepared by the Secretary-General in consultation with the Chairperson of the Committee and in accordance with established practice (E/C.12/2000/L.2).

3. Substantive issues arising in the implementation of the International Covenant on Economic, Social and Cultural Rights

The Committee decided at its fourteenth session (28 April-17 May 1996) that as from its fifteenth session its discussions relating to the implementation of the Covenant (NGO hearings, methods of work, consideration and adoption of General Comments, etc.) would be conducted under this agenda item.

4. Follow-up to the consideration of reports under articles 16 and 17 of the Covenant

At its fourteenth session, the Committee on Economic, Social and Cultural Rights, recognizing the importance of periodically reviewing the implementation by States parties of its suggestions and recommendations, requested the Secretariat to submit to it, as from the fifteenth session, a document indicating all cases where a follow-up had been suggested by the Committee. In this connection, the attention of the members of the Committee is drawn to document E/C.12/2000/3 which contains the requested information.

5. Relations with United Nations organs and other treaty bodies

The Committee decided at its sixth session to nominate individual members to follow the work of each of the other treaty bodies. Such members are to follow as closely as possible the work of the relevant committees, to liaise where possible with members of these committees and to present an oral report on developments of both a procedural and substantive nature in their work which appeared to be of specific relevance to the work of the Committee (E/1992/23, paras. 371-373).

6. Consideration of reports

(a) Reports submitted by States parties in accordance with articles 16 and 17 of the Covenant

In accordance with rule 61, paragraph 2, of its rules of procedure, the Committee shall normally consider the reports submitted by States parties under article 16 of the Covenant in the order in which they have been received by the Secretary-General. Representatives of the reporting States are entitled to be present at the meetings of the Committee when their reports are examined; such representatives should be able to make statements on the reports submitted by their Governments and reply to questions which may be put to them by the members of the Committee.

At its twenty-second session, the Committee, in accordance with Economic and Social Council decision 1999/287 of 30 July 1999, requested the Secretary-General to schedule seven reports from seven States parties for consideration at its twenty-third (extraordinary) session.

In accordance with rule 62, paragraph 2, of the Committee's rules of procedure, the Secretary-General has in a note verbale dated 7 May 2000, has informed the States parties concerned of the opening date and duration of the twenty-third session of the Committee, as well as of the dates at which their respective reports will be examined and has invited them to send representatives to attend the meetings of the Committee.

As of 30 June 2000, two States parties (Belgium and Honduras) whose reports were scheduled by the Committee for consideration at the present session, informed the Committee that they would be unable to present their reports at the twenty-third (extraordinary) session and requested that consideration of their respective report be postponed to a future session of the Committee (note verbale of Belgium dated 11 May 2000 and of Honduras dated 18 May 2000).

As at 30 June 2000, the reports listed below had been received by the Secretary-General. The reports of the States parties which are scheduled for consideration by the Committee at its twenty-third (extraordinary) session are identified by an asterisk. The tentative timetable for consideration of those reports, prepared by the Secretary-General in consultation with the Chairperson of the Committee, is contained in document E/C.12/2000/L.2.

Initial reports

Honduras	E/1990/5/Add.40
Sudan*	E/1990/5/Add.41
Kyrgyzstan*	E/1990/5/Add.42
China: Hong Kong	E/1990/5/Add.43
Bolivia	E/1990/5/Add.44
Nepal	E/1990/5/Add.45

Second periodic reports

Jordan*	E/1990/6/Add.17
Belgium	E/1990/6/Add.18
Venezuela	E/1990/6/Add.19
Morocco	E/1990/6/Add.20
Japan	E/1990/6/Add.21
Yugoslavia	E/1990/6/Add.22
Republic of Korea	E/1990/6/Add.23
Panama	E/1990/6/Add.24
Senegal	E/1990/6/Add.25
Algeria	E/1990/6/Add.26

Third periodic reports

Portugal	E/1994/104/Add.20
Mongolia*	E/1994/104/Add.21
Australia*	E/1994/104/Add.22
Syrian Arab Republic	E/1994/104/Add.23
United Kingdom of Great Britain and Northern Ireland (dependent territories)	E/1994/104/Add.24

Fourth periodic reports

Finland	E/C.12/4/Add.1
Ukraine	E/C.12/4/Add.2
Germany	E/C.12/4/Add.3
Sweden	E/C.12/4/Add.4
Colombia	E/C.12/4/Add.5

(b) Reports submitted by specialized agencies in accordance with article 18 of the Covenant

In accordance with rule 67 of its rules of procedure, the Committee is entrusted with the task of considering the reports submitted by specialized agencies pursuant to article 18 of the Covenant.

In accordance with rule 68 of the rules of procedure, the representatives of the specialized agencies concerned may make statements on matters falling within the scope of the activities of their respective organization in the course of the discussion by the Committee of the report of each State party to the Covenant. The representatives of the States parties presenting reports to the Committee shall be free to respond to, or take into account, the statements made by the specialized agencies. The Secretary-General has invited the following specialized agencies, United Nations organs and financial institutions to send representatives to attend the meetings of the Committee: International Labour Organization (ILO), Food and Agriculture Organization of the United Nations (FAO), United Nations Educational, Scientific and Cultural Organization (UNESCO), World Health Organization (WHO), Office of the United Nations High Commissioner for Refugees (UNHCR), World Intellectual Property Organization (WIPO),

United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Conference on Trade and Development (UNCTAD), Joint United Nations Programme on HIV/AIDS (UNAIDS), International Monetary Fund (IMF), World Bank and the World Trade Orgnaization (WTO).

Any report which may be received from the specialized agencies under article 18 of the Covenant will be made available to the Committee in due course.

7. Submission of reports by States parties in accordance with articles 16 and 17 of the Covenant

In accordance with rule 59, paragraph 1, of its rules of procedure, the Committee shall at each session consider the status of submission of reports under article 16 of the Covenant and may make appropriate recommendations to the Council, including recommendations to the effect that the Secretary-General should send reminders to States parties from which reports have not been received.

The Committee will have before it under this item the following document:

A note by the Secretary-General on the States parties to the Covenant and the Status of submission of reports (E/C.12/2000/2).

8. Miscellaneous matters

At its twenty-first session (1999), the Committee decided to inscribe on its agenda a standing item "Miscellaneous matters", under which it may consider any issue falling outside the scope of other standing agenda items.

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Council

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COMMITTEE ON ECONOMIC, SOCIAL
AND CULTURAL RIGHTS
Twenty-third (extraordinary) session
Geneva, 14 August - 1 September 2000
Item 3 of the provisional agenda

SUBSTANTIVE ISSUES ARISING IN THE IMPLEMENTATION OF THE INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS

NGO participation in the activities of the Committee on Economic, Social and Cultural Rights

Note by the secretariat

GE.00-43093 (E)

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I. INTRODUCTION

1. The Committee on Economic, Social and Cultural Rights attaches great importance to cooperation with all non-governmental organizations (NGOs) active in the field of economic, social and cultural rights - local, national and international, those in consultative status with the Economic and Social Council and those without such status. The Committee constantly encourages their participation in its activities. In an effort to secure the most effective and widest possible participation of NGOs in its activities, the Committee adopted, at its eighth session, on 12 May 1993, a document entitled "NGO participation in activities of the Committee on Economic, Social and Cultural Rights" (E/C.12/1993/WP.14), which explains in a concise manner the modalities of NGO participation in the Committee's work. The basic principles set out in that document have since been supplemented, as the Committee's practice evolved. These developments are reflected in the annual report of the Committee, in the chapter entitled "Overview of the present working methods of the Committee".

2. The present document serves to provide detailed guidelines for NGOs with a view to facilitating their cooperation with the Committee to enhance the effectiveness of the international monitoring, through its examination of State party reports, of the implementation of the International Covenant on Economic, Social and Cultural Rights by States parties.

3. The main activities of the Committee that are open to NGO participation are:

(i) Consideration of State party reports;

(ii) Days of General Discussion;

(iii) Drafting of General Comments.

II. NGO PARTICIPATION IN THE COMMITTEE'S CONSIDERATION OF STATE PARTY REPORTS

A. General

4. The stages in the consideration of State party reports in which NGOs can participate are the following (detailed information is provided below):

(i) Entry into force of the Covenant: once a State party has ratified the Covenant, national NGOs working in the field of economic, social and cultural rights are encouraged to establish contact with the Committee secretariat (the contact address is given at the end of the present document);

(ii) From the receipt of a State party's report until its consideration: submission of any relevant information (placed in country files established and maintained by the secretariat);

(iii) Pre-sessional working group: submission of information directly to the member of the Committee responsible for drafting the list of issues (with copy to the secretariat) and/or submission of written information to the secretariat and/or oral presentations before the pre-sessional working group;

(iv) Session at which a State party's report is scheduled for consideration: submission to the secretariat of a written statement and/or of information in the form of a report, and/or oral presentations before the Committee, within the framework of the Committee's "NGO hearings"; observing the Committee's dialogue with the State party delegation;

(v) Follow-up to the Committee's concluding observations: submission of information to the secretariat on the implementation of the concluding observations of the Committee in the State party concerned.

5. It is important that all information submitted to the Committee is: (a) specific to the Covenant; (b) relevant to the matters under consideration by the Committee or its pre-sessional working group; (c) based on documentary sources and properly referenced; (d) concise and succinct; and (e) reliable and not abusive. NGOs can submit information relating to all the articles of the Covenant, in which case it is useful to follow the "Revised general guidelines regarding the form and content of reports to be submitted by States parties under articles 16 and 17 of the International Covenant on Economic, Social and Cultural Rights" (E/C.12/1991/1), which are intended to assist States parties in the drafting of their reports. This lends itself to a parallel report format that resembles the structure of the official report and facilitates the members' comparative review of the parallel information. NGOs may also provide information on some articles or just one article.

6. It is recommended that national NGOs collaborate, coordinate and consult when submitting information to the Committee. It is worthwhile, whenever possible, to produce a single consolidated submission representing a broad consensus by a number of NGOs. That could be accompanied by shorter, more targeted and detailed submissions by individual NGOs on their own priority areas. This kind of coordinated activity will help the secretariat and the Committee members to obtain a clearer picture of the current status of implementation of the Covenant in a given State party. Most importantly from the NGO perspective, joint submissions also eliminate the possibility of duplication and contradictions in the NGO information presented. The former creates inefficiency and increases the burden on Committee members, and the latter can undermine the credibility of the NGO submissions. Both duplicative and contradictory information from NGOs can weaken the NGOs' position and arguments. On the other hand, consistency and accuracy, as well as demonstrated coordination, enhance the professionalism of presentations, increase credibility and ensure the NGOs' intended outcome.

7. NGOs wishing to attend the sessions of the Committee, the pre-sessional working group meetings or the Committee's NGO hearings should request accreditation from the secretariat in advance. Identity photo-badges valid for the duration of the session may be obtained by all delegations from the United Nations Office at Geneva (UNOG) Security and Safety Section at the Villa "Les Feuillantines", 13, avenue de la Paix, Geneva, between 8 a.m. and 2.30 p.m., Monday to Friday, upon presentation of a letter of accreditation and an identity document.

NGOs wishing to speak should also indicate whether they require audio-visual equipment. This will help the secretariat to plan related activities, and to ensure that all participants have adequate time and equipment for their interventions. The average speaking time allotted to any one NGO is 15 minutes, although the speaking time varies in function of the number of NGOs wishing to speak.

8. The working languages of the Committee are English, French, Spanish and Russian. A document provided in English will reach the widest audience. However, the financial means of the NGO permitting, it is useful to submit at least a summary of the information in the working languages of the Committee other than the language of submission of the document.

9. Prior to and during the session, the secretariat provides the Government concerned with a copy of all written information provided to the Committee by NGOs, through the country's Permanent Mission to the United Nations Office at Geneva.

B. NGO participation following the submission of a State party's report

10. When a State ratifies the Covenant, it commits itself to reporting regularly (the initial report is due two years after the entry into force of the Covenant and periodic reports are due at five-year intervals thereafter) to the Committee on measures it has taken towards the realization of the economic, social and cultural rights enshrined in the Covenant, including efforts undertaken through international cooperation. Reports prepared by the State party should conform to the revised general guidelines referred to in paragraph 5 above.

11. The process leading to the consideration of a State party's report by the Committee begins when the State party submits its report to the secretariat. Once the secretariat has received the report, it sends it for translation into the six official languages of the United Nations (English, French, Spanish, Russian, Arabic and Chinese). The report is issued as a United Nations document only when all language versions are ready, which may take up to 12 months. In the meantime, the secretariat of the Committee establishes a list of national NGOs working in the field of economic, social and cultural rights and contacts these NGOs in writing to solicit information from them regarding the implementation of the Covenant in the country in question. Relevant documents (core document, State party report, list of issues, revised general guidelines, guidelines on NGO participation) are enclosed with the letter sent to NGOs. National NGOs interested in cooperating with the Committee are encouraged to contact the secretariat once the Covenant has entered into force for their country. This will assist the secretariat at a later stage, when it seeks to solicit information from national NGOs regarding a State party's report.

12. The Committee also encourages Governments to consult with NGOs and civil society in general on matters concerning the Covenant's implementation, including the reporting process. NGOs may find it opportune to contact the relevant government ministry for information, including reporting dates and related documents.

13. Following the submission of a State party's report and until its consideration by the Committee, NGOs can submit any type of information to the secretariat of the Committee (press clippings, NGO newsletters, video tapes, reports, academic publications, studies, joint

statements etc). This information will be included in the country file established and maintained within the secretariat. The country files contain information obtained by the secretariat from all available sources (United Nations organs, specialized agencies, the media, regional institutions, academic publications, the NGO community, etc.). On the basis of the information contained in the relevant country file, the secretariat prepares for the Committee a country profile, a working document which attempts to provide insights into the situation in the State to be examined, to complement the information provided by the State party in its report.

C. NGO participation in the work of the pre-sessional working group

14. A pre-sessional working group of the Committee, composed of five of its members, meets in private after each Committee session for a week to prepare for the next session. Typically, the pre-sessional working group considers five State party reports at each of its sessions. Each member of the group serves as a "country rapporteur", with the task of drafting a list of issues concerning one of the five reports. A list of issues contains questions addressed to the State party, formulated on the basis of the documents submitted by the State party (core document, report, annexes to the report) and on information made available to the Committee from all other sources, including NGOs. At the session of the Committee at which the report is considered, the country rapporteur is also responsible for drafting concluding observations, on the basis of the State party's report and the dialogue between the Committee and the State party.

15. In the pre-sessional working group, each country rapporteur presents his or her draft list of issues to the other members of the group. The working group discusses each draft, and adopts a final list of issues for each of the five countries under discussion. The list of issues is made available to the State party immediately after its adoption, through its Permanent Mission to the United Nations Office at Geneva. The State party is requested to provide written replies to the list of issues well in advance of the session at which its report is scheduled for consideration, in order to allow sufficient time for their translation into all the working languages of the Committee. The lists and the replies to the lists are also made available to the public on the Web site of the Office of the United Nations High Commissioner for Human Rights (OHCHR) (address at the end of the document).

16. There are three possibilities for NGOs, international or national, to contribute to the work of the pre-sessional working group:

(i) Prior to the meeting of the working group, relevant information may be submitted directly to the country rapporteur concerned;

(ii) Prior to the meeting of the working group, relevant information may be submitted to the secretariat for distribution to the full working group;

(iii) Oral statements may be made by NGO representatives in person during the first morning of the pre-sessional working group meeting.

1. Submission of information to country rapporteurs

17. NGOs can submit relevant information on a particular country directly to the country rapporteur responsible for drafting the list of issues. In this event, the NGO should contact the secretariat or consult the OHCHR Web site for a list of the State party reports that are pending consideration by the Committee at its future sessions. The pre-sessional working group discusses and adopts the list of issues regarding a given State party report 6 to 12 months prior to the consideration of the report by the Committee.

18. Accordingly, an NGO wishing to submit information on a State party directly to the country rapporteur responsible for drafting the list of issues should obtain from the secretariat the name and address of the country rapporteur concerned. It is recommended that a copy of any document that the NGO submits to the country rapporteur be also sent to the secretariat for distribution to other pre-sessional working group members at the working group meeting.

2. Submission of written information to the pre-sessional working group

19. NGOs may also submit written information to the pre-sessional working group, through the secretariat. This information should be made available in the form of a report discussing the implementation of the Covenant in the State party on an article-by-article basis. It is particularly helpful to formulate, at the end of each section specific questions which the pre-sessional working group may consider incorporating in the list of issues with respect to the State party concerned. Ten copies of the report (and a summary) should be delivered to the secretariat one week before the pre-sessional working group meets, for distribution to its members.

3. Oral statement to the pre-sessional working group

20. NGOs are also encouraged to make an oral presentation at the first meeting of the pre-sessional working group, which is usually held on a Monday from 10.30 a.m. to 1 p.m. The statement should be specific to the articles of the Covenant, focusing on the most pressing issues from the NGO perspective and providing suggestions for specific questions that the pre-sessional working group may consider incorporating in the list of issues with respect to the State party concerned.

D. NGO participation at the Committee session

1. Submission of a written statement

21. NGOs in general or special consultative status with the Economic and Social Council, or on the Roster[1] may submit a written statement to the Committee at the reporting session.

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[1] General consultative status is assigned to NGOs with broad interest in most Economic and Social Council activities. Special consultative status is assigned to NGOs with interest in special spheres of Council activities. NGOs in the position to make occasional and useful contributions to the work of the Council or its subsidiary bodies or other United Nations bodies within their competence, may be placed on the Roster.

An NGO without consultative status with the Economic and Social Council may submit a written statement provided that it is sponsored by an NGO in consultative status with the Council. The procedure is identical to that used at the Commission on Human Rights and the Sub-Commission on the Promotion and Protection of Human Rights: the statement should be no more than 2,000 words long for NGOs in general consultative status with ECOSOC and no longer than 1,500 words for NGOs in special consultative status and on the Roster, and it should be double spaced. It will be translated into all the working languages of the Committee and issued as a United Nations document if the secretariat of the Committee receives it no later than three months in advance of the session for which the statement is intended.

2. Submission of a report

22. For the session at which a given State party's report is scheduled for consideration, NGOs can submit written information in the form of a "parallel" report, providing a supplementary or alternative interpretation, or second opinion, concerning the status of implementation of the economic, social and cultural rights enshrined in the Covenant in that country. Where possible, it is useful to submit a summary of the report in all the working languages of the Committee. NGOs should deliver 25 copies of their report and summary to the secretariat a week prior to the session for distribution to Committee members: one for each member (18), three for the secretariat and four for the interpreters.

3. Oral statement at the Committee's NGO hearings

23. NGOs can also voice their concerns during the NGO hearings which take place on the first day of each reporting session, from 3 p.m. to 6 p.m. The average time limit for NGO statements is 15 minutes. In their statements, NGOs are invited to:

State their opinion about the government report;

Indicate whether or not there was any domestic government/NGO consultation or cooperation through the reporting process;

Discuss the main critical points of the parallel report;

Identify prevailing trends relevant to economic, social and cultural rights in the country;

Present any new information that has become available since the NGO written report was submitted;

Propose solutions to problems encountered in the implementation of the Covenant;

Report any positive examples of problem-solving by the Government in implementing the Covenant.

States parties concerned are informed of the NGO hearings and are invited to attend hearings as observers. States parties will have an opportunity to comment on the statements made by NGOs during the Committee's consideration of their report.

4. Observing the consideration of State party reports

24. As part of the consideration of a State party report, the Committee engages in a dialogue with the government delegation. Committee members pose questions on the implementation of the Covenant in the country, based on the State party report, the core document, the replies provided by the State party to the list of issues, and any additional information submitted to the Committee. During the dialogue between the State party delegation and the Committee, NGOs cannot intervene, but it is useful for them to remain in the conference room to observe the dialogue.

E. NGO participation in the Committee's follow-up to consideration of State party reports

25. At the end of its consideration of a State party report, the Committee adopts concluding observations which reflect the Committee's position with respect to the status of implementation of the Covenant by the Government concerned. The concluding observations contain, inter alia, recommendations regarding the further implementation by the State party of the Covenant. The concluding observations are made public, usually on the last day of the Committee session at noon. Soon thereafter, they are translated into and issued in all the official languages of the United Nations as a separate document. They are also placed on the OHCHR Web site. The concluding observations are made available to the State party concerned and are included in the annual report of the Committee.

26. The role of NGOs is crucial after the Committee issues its concluding observations. They can assist by providing the Committee with reports on follow-up measures taken by the Government in response to the recommendations contained in the concluding observations. NGOs can give publicity to the concluding observations locally and nationally, and monitor the Government's performance in implementing the Committee's recommendations. NGOs reporting back to the Committee on the basis of their local monitoring and awareness-raising activities would contribute to more effective follow-up on the part of the Committee by keeping the Committee informed of developments in the country after the consideration of the State party report.

27. It would also be useful for local and national NGOs actively involved in the monitoring activities of the Committee to prepare a document on their experiences and on the working methods of the Committee, with comments, advice for other NGOs and suggestions for improvement of the system. Such a document, if distributed widely within the country and sent to the secretariat of the Committee, would serve as a tool for awareness-raising, and would assist the Committee and the secretariat in improving their performance.

F. NGO participation in the Committee's consideration of the status of implementation of the Covenant in non-reporting States

28. In situations where an initial State party report is significantly overdue, the Committee applies a procedure of reviewing the situation concerning the status of implementation of the Covenant with respect to that State party. The Committee notifies the State party of its intention to consider the status of economic, social and cultural rights in the territory under its jurisdiction

at a specified future session, and encourages the State party to submit its report as soon as possible. In the absence of a report, the Committee proceeds with the consideration as scheduled, on the basis of all information available to it.

29. In such cases, information provided by NGOs becomes especially valuable to the Committee, in view of the absence of materials from the State party. Thus, any relevant information is welcomed, and the most useful way to intervene is to submit a report discussing article by article the implementation of the Covenant by the State party. In addition, it is highly recommended that NGOs participate in the Committee's NGO hearings and provide information orally regarding the situation in the country under review. Information regarding the review by the Committee of the status of implementation of the Covenant in States whose reports are long overdue is available on the OHCHR Web site or from the secretariat.

III. NGO PARTICIPATION IN THE COMMITTEE'S DAY OF GENERAL DISCUSSION

30. At each session, the Committee devotes one day, usually the Monday of the third week of the session, to general discussion of a particular right or of a particular aspect of the Covenant. The purpose is twofold: (i) to assist the Committee in developing in greater depth its understanding of the relevant issues; and (ii) to enable the Committee to encourage inputs into its work from all interested parties.

31. NGOs specialized in the topic scheduled to be addressed by the Committee during its Day of General Discussion can participate in two ways. First, they can provide the Committee with a background document, which should be submitted to the secretariat no later than three months in advance of the session at which the Day of General Discussion is scheduled to take place. The document, which should not be more than 15 double-spaced pages in length, will be translated into all the working languages of the Committee and issued as a United Nations document. Second, specialized NGOs can send their experts to participate in the Day of General Discussion. Information on the topics for discussion at future Days of General Discussion can be obtained from the secretariat.

IV. NGO PARTICIPATION IN COMMITTEE ACTIVITIES RELATING TO THE DRAFTING AND ADOPTION OF GENERAL COMMENTS

32. The Committee endeavours, through its General Comments, to make available for the benefit of all States parties the experience gained continuously through the examination of State party reports. General Comments provide an authoritative interpretation of the rights contained in the Covenant and States parties' obligations and assist and promote the further implementation of the Covenant by providing guidance to States parties on practical ways and means to respect, protect and fulfil specific economic, social and cultural rights. The 14 General Comments adopted by the Committee as of 1 June 2000 are listed in the annex to the present document. The texts of the General Comments may be found, in English, French and Spanish, on the OHCHR Web site. Information regarding the scheduled discussion and adoption of General Comments can be obtained from the secretariat.

33. During the stages of the drafting and discussion of a General Comment, specialized NGOs can address the Committee in writing. During discussions, NGOs can make short oral statements on specific points of the draft general comment. It is preferred that any recommendations as to the text of a draft general comment be presented also in written form (and on electronic diskette) for ease of eventual incorporation in the document.

V. SOURCES OF INFORMATION

34. Information on State reporting and the Committee's sessions is available on the OHCHR Web site at: www.unhchr.ch/html/menu2/6/cescr.htm
(Starting from the OHCHR homepage www.unhchr.ch: click on OHCHR PROGRAMME; click on CONVENTIONAL MECHANISMS; click on COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS.)

35. On-line versions of documents of the Committee, information on ratifications, status of reporting and the membership of the Committee are available at http://www.unhchr.ch/tbs/doc.nsf
(Starting from the homepage www.unhchr.ch, click on DOCUMENTS; click on TREATY BODIES DATABASE.)

36. Further information is available from the secretariat of the Committee at the following address:

Alexandre Tikhonov
Secretary to the Committee on Economic, Social and Cultural Rights
Office of the United Nations High Commissioner for Human Rights
Office 1-025, Palais Wilson
Palais des Nations
8-14 Avenue de la Paix
1211 Geneva 10
Switzerland
Tel. (41 22) 917 9321
Fax. (41 22) 917 9046/9022
E-mail: atikhonov.hchr@unog.ch

Annex

REFERENCE DOCUMENTS

Fact Sheet No. 16/Rev.1
Contains the International Covenant on Economic, Social and Cultural Rights, and information on the working methods of the Committee.
http://www.unhchr.ch/html/menu6/2/fs16.htm
(Starting from the homepage www.unhchr.ch: click on PUBLICATIONS.)

"NGO participation in activities of the Committee on Economic, Social and Cultural Rights" (E/C.12/1993/WP.14)
http://www.unhchr.ch/tbs/doc.nsf
(Starting from the homepage www.unhchr.ch: click on DOCUMENTS; click on TREATY BODIES DATABASE; click on DOCUMENTS; click on BY TREATY; click on COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS; click on OTHER TREATY-RELATED DOCUMENT.)

"Revised general guidelines regarding the form and contents of reports to be submitted by States parties under articles 16 and 17 of the International Covenant on Economic, Social and Cultural Rights" (E/C.12/1991/1)
http://www.unhchr.ch/tbs/doc.nsf
(Starting from the homepage www.unhchr.ch: click on DOCUMENTS; click on TREATY BODIES DATABASE; click on DOCUMENTS; click on BY TREATY; click on COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS; click on BASIC REFERENCE DOCUMENT.)

"Preparation of the initial parts of State party reports 'core documents') under the various international human rights instruments" (HRI/CORE/1*)

"Status of the International Covenant on Economic, Social and Cultural Rights and reservations, withdrawals, declarations and objections under the Covenant" (E/C.12/1993/3/Rev.4)
http://www.unhchr.ch/tbs/doc.nsf
(Starting from the homepage www.unhchr.ch: click on DOCUMENTS; click on TREATY BODIES DATABASE; click on DOCUMENTS; click on BY TREATY; click on COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS; click on BASIC REFERENCE DOCUMENT.)

"Selected bibliography of published material relating to the International Covenant on Economic, Social and Cultural Rights and the work of the Committee" (E/C.12/1989/L.3/Rev.2)
(Starting from the homepage www.unhchr.ch: click on DOCUMENTS; click on TREATY BODIES DATABASE; click on DOCUMENTS; click on BY TREATY; click on COMMITTEE ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS; click on OTHER TREATY-RELATED DOCUMENT.)

General Comments

No. 1 (1989) on reporting by States parties

No. 2 (1990) on international technical assistance measures

No. 3 (1990) on the nature of States parties' obligations

No. 4 (1991) on the right to adequate housing

No. 5 (1994) on the rights of persons with disabilities

No. 6 (1995) on the economic, social and cultural rights of older persons

No. 7 (1997) on the right to adequate housing (art. 11, para. 1, of the Covenant): forced evictions

No. 8 (1997) on the relationship between economic sanctions and respect for economic, social and cultural rights

No. 9 (1998) on domestic application of the Covenant

No. 10 (1998) on the role of national human rights institutions in the protection of economic, social and cultural rights

No. 11 (1999) on plans of action for primary education

No. 12 (1999) on the right to adequate food

No. 13 (1999) on the right to education

No. 14 (2000) on the right to health

http://www.unhchr.ch/tbs/doc.nsf
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Annual reports of the Committee

Report on the first session, 9-27 March 1987 (E/1987/28)

Report on the second session, 8-25 February 1988 (E/1988/14)

Report on the third session, 6-24 February 1989 (E/1989/22)

Report on the fourth session, 15 January-2 February 1990 (E/1990/23)

Report on the fifth session, 26 November-14 December 1990 (E/1991/23)

Report on the sixth session, 25 November-13 December 1991 (E/1992/23)

Report on the seventh session, 23 November-11 December 1992 (E/1993/22)

Report on the eighth and ninth sessions, 10-28 May 1993, 22 November-10 December 1993 (E/1994/23)

Report on the tenth and eleventh sessions, 2-20 May, 21 November-9 December 1994 (E/1995/22)

Report on the twelfth and thirteenth sessions, 1-19 May 1995, 20 November-8 December 1995 (E/1996/22)

Report on the fourteenth and fifteenth sessions, 30 April-17 May 1996, 18 November-6 December 1996 (E/1997/22)

Report on the sixteenth and seventeenth sessions, 28 April-16 May 1997, 17 November-5 December 1997 (E/1998/22)

Report on the eighteenth and nineteenth sessions, 27 April-15 May 1998, 16 November-4 December 1998 (E/1999/22)

Report on the twentieth and twenty-first sessions, 26 April-14 May 1999, 15 November-3 December 1999 (E/2000/22)

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The Web site contains the annual reports starting from that of the tenth and eleventh sessions.